Massachusetts Department of Public Health CERTIFICATE OF IMMUNIZATION

Date of Birth:	:	1	1		Sex:	□ fe	male	_ I	male	
If co	ombin	ation va	ccine is adn	ninistered, ple	ease indicate vaccine ty	/pe (e	.g., DTa	P-Hib,	etc.)	
accine			Date/Vacc	ine Type	Vaccine			Date/	Vaccine Type	
lepatitis B e.g., HepB, HepB-Hib, TaP-HepB-IPV)		2			Haemophilus influenzae type b (e.g., Hib, HepB-Hib,	1				
),					2				
		3			DTaP-Hib)	3				
iphtheria,		1			<u> </u>	4				
etanus, Pertuss	sis –	2			Measles, Mumps,	1				
.g., DTaP, DT,	<u> </u>				Rubella					
ГаР-Ніb, ГаР-НерВ-IPV, Td)		3			(MMR)	2				
oral Ticps II v, raj		4			Varicella	1				
		5			(Var)	2				
		6			Hepatitis A	1				
		7			(HepA)	2				
Polio e.g., IPV,		1			Pneumococcal	1				
	_	-			Polysaccharide	2				
TaP-HepB-IPV)	<u> </u>	2			(PPV23)	-				
		3			Influenza Inactivated	1				
		4			(Intramuscular) or	2				
neumococcal		1			Live (Intranasal)	3				
onjugate ^{PCV7)}		2			Other:					
<i>στι</i> ,		3								
		4								
		<u>' </u>								
Serolog	ic Prod	of				Chick	enpox F	listory		
of Immunity		Check One								
Test (if done)	Date	of Test	Positive	Negative	Check the box	if this p	erson has	a physic	cian-certified reliabl	
Measles	/	/			history of chickenpox. Reliable history may be based on:					
Mumps	/	/								
Rubella	/ /				, ,	physician interpretation of parent/guardian description of				
Varicella*	1 1				chickenpox					
Hepatitis B	/ /				· · ·	physical diagnosis of chickenpox, orserologic proof of immunity				
* Must	also ch	eck Chicke	enpox History bo	X.	serologic proof of in	imunity				
I certify that this	s immu	nization ii	nformation was	s transferred fro	m the above-named individ	uaľs m	edical re	cords.		
Doctor or nu	rse's ı	name (pl	ease print)		Date:		1	1		
Signature:										

June 2004 Certificate of Immunization