**IMMUNIZATIONS**

**For more information about immunization recommendations, please visit www.cdc.gov/vaccines/hcp/acip-recs/index.html**

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| --- | --- | --- |
| **Vaccination** | **Administration Date** | **Age** |
| DTP/DtaP1 |  |  |
| DTP/DtaP2 |  |  |
| DTP/DtaP3 |  |  |
| DTP/DtaP5 |  |  |
| Influenza IIV(annually) |  |  |
| Tdap |  |  |
| OPV/IPV1 |  |  |
| OPV/IPV2 |  |  |
| OPV/IPV3 |  |  |
| OPV/IPV4 |  |  |
| MMR1 |  |  |
| MMR2 |  |  |
| HIB Titer 1 |  |  |
| HIB Titer 2 |  |  |
| HIB Titer 3 |  |  |
| HIB Titer 4 |  |  |
| HEB B1 |  |  |
| HEB B2 |  |  |
| HEB B3 |  |  |
| Varivax |  |  |
| Rota Shield 1 |  |  |
| Rota Shield 2 |  |  |
| Rota Shield 3 |  |  |
| PCV13 1 |  |  |
| PCV13 2 |  |  |
| PCV13 3 |  |  |
| PCV13 4 |  |  |
| Meningococcal HIB 1 |  |  |
| Meningococcal HIB 2 |  |  |
| Meningococcal B11 |  |  |
| HPV |  |  |
| PPSV23 |  |  |