Zoster (Shingles)

Date Given	Product	Physician/Clinic

Other Vaccines

Date Given	Product	Physician/Clinic	Next Due Date

Tuberculosis (TB) Test

Date Given	Physician/Clinic	TST or QFT-G	Results

Influenza (Nasal Spray or Injectable)

Date Given	Product	Physician/Clinic	Next Due Date

COVID-19

Date Given	Product	Physician/Clinic	Next Due Date

RSV

Date Given	Antibody	Vaccine	Physician/Clinic	Next Due Date

More information

Washington State Department of Health

- *doh.wa.gov/immunization*

School requirements:

- *doh.wa.gov/vaxtoschool*

Plain Talk About Immunization

- *bit.ly/PlaintalkEng*

Childhood vaccines and well-child visit information:

- Watch Me Grow Washington: *watchmegrowwa.org*

Health and financial resources for your family:

- Help Me Grow Washington Hotline: 1-800-322-2588
- *helpmegrowwa.org*

U.S. Centers for Disease Control and Prevention

- *cdc.gov/vaccines*
- Phone: 1-800-232-4636 | TTY: 1-888-232-6348

Ask your doctor or clinic to be sure the immunizations in this record are entered into the Washington State Immunization Information System. You may need your immunization record for child care, school, camp, college, the military, travel, employment, or long-term care.

Sign up to get access to your and your family's official immunization records online at *myirmobile.com.*
Talk to your doctor or clinic about your immunization questions or visit the Washington State Department of Health at *doh.wa.gov/immunization.*

To request this document in another format, call 1-800-525-0127.
Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

DOH 348-001E Sept. 2025

Lifetime Immunization Record

Name: _____

Birth Date: _____

Allergies & Vaccine Reactions:

_____

_____

Washington State Department of HEALTH

WASHINGTON STATE IMMUNIZATION INFORMATION SYSTEM

Bring this record to every visit with your doctor or nurse and ask for a signature or clinic stamp.

Hepatitis B Immune Globulin (HBIG)

Date Given	Physician/Clinic

Hepatitis B (HepB)

Dose	Date	Product	Physician/Clinic	Next Due Date
1				
2				
3				

Rotavirus (RV)

Dose	Date	Product	Physician/Clinic	Next Due Date
1				
2				
3				

Pneumococcal (PCV, PPSV)

Dose	Date	PCV	PPSV	Physician/Clinic	Next Due Date
1					
2					
3					
4					

Haemophilus Influenzae type B (Hib)

Dose	Date	Product	Physician/Clinic	Next Due Date
1				
2				
3				
4				

Diphtheria, Tetanus, Pertussis (DTaP, DT)

Dose	Date	DTaP	DT	Physician/Clinic	Next Due Date
1					
2					
3					
4					

Polio (IPV, OPV)

Dose	Date	IPV	OPV	Physician/Clinic	Next Due Date
1					
2					
3					
4					

Measles, Mumps, Rubella (MMR)

Dose	Date	Product	Physician/Clinic	Next Due Date
1				
2				

Chickenpox (Varicella)

Dose	Date	Product	Physician/Clinic	Next Due Date
1				
2				

Date of Chickenpox Infection:

Provider Signature:

Hepatitis A (HepA)

Dose	Date	Product	Physician/Clinic	Next Due Date
1				
2				

Note: Use the Product column to write the name of the vaccine. Record combination vaccines in the section for each individual component. For example, record each component of the Pediarix vaccine in the HepB, DTaP, and IPV sections. **If you need more room for vaccine doses, use the lines available on the Other Vaccines section.**

Meningococcal (MenACWY, MenB)

Dose	Date	MenACWY	MenB	Physician/Clinic	Next Due Date
1					
2					
3					

Human Papillomavirus (HPV)

Dose	Date	Product	Physician/Clinic	Next Due Date
1				
2				
3				

Tetanus, Diphtheria, Pertussis (Tdap, Td)

Date	Tdap	Td	Physician/Clinic	Next Due Date