

Zoster (shingles)		
Date Given	Product*	Physician/Clinic

Other Vaccines			
Vaccine	Date Given	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

More information

Washington State Department of Health

- doh.wa.gov/immunization

School requirements:

- doh.wa.gov/SCCI

Free booklet: *Plain Talk About Childhood Immunization*

- Download: bit.ly/PlaintalkEng
- Order: immunematerials@doh.wa.gov

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](tel:1-800-322-2588)

U.S. Centers for Disease Control and Prevention

- cdc.gov/vaccines
- Phone: [1-800-232-4636](tel:1-800-232-4636) | TTY: [1-888-232-6348](tel: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/or your family's official immunization records online at wa.myir.net.

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 needing assistance, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

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Lifetime Immunization Record

Name: _____

Birth Date: _____

Allergies/Vaccine Reactions: _____



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

