

**DELAWARE HEALTH AND SOCIAL SERVICES  
DIVISION OF DEVELOPMENTAL  
DISABILITIES SERVICES**

**IMMUNIZATION RECORD**

CLIENT: \_\_\_\_\_

MCI NUMBER: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

TYPE	DATE GIVEN	SIGNATURE	DOSAGE-REACTION COMMENTS
<b>Diphtheria-Pertussis-Tetanus</b>			
<b>Basic Series - DPT</b>			
<b>First</b>			
<b>Second</b>			
<b>Third</b>			
<b>Boosters</b>			
<b>Diphtheria-Tetanus-Basic Series (DT)</b>			
<b>First</b>			
<b>Second</b>			
<b>Third</b>			
<b>Boosters</b>			
<b>Heptavax</b>			
<b>First</b>			
<b>Second</b>			
<b>Third</b>			
<b>Rubella (German Measles)</b>			
<b>Rubella (Red Measles)</b>			
<b>Mumps</b>			
<b>MMR (Measles, Mumps, Rubella vaccine)</b>	1.		
	2.		
<b>TOPV (Trivalent Oral Polio Vaccine)</b>	1.		
	2.		
	3.		
	4.		
<b>Tuberculin Skin Test (Record Results)</b>			
<b>Intermediate Strength PPD (STV)</b>			

TYPE	DATE GIVEN	SIGNATURE	DOSAGE-REACTION COMMENTS
<b>Tetanus Toxoid</b>			
<b>Influenza (Type)</b>			
<b>Pneumococcal</b>			
<b>Other:</b>			

**Communicable Diseases: Record History, if Applicable**

DISEASE	DATE OF INFECTION	COMMENTS/SIGNATURE
Chicken Pox		
Hepatitis A		
Hepatitis B		
Tuberculosis		
Measles		
Mumps		