

VACCINATION RECORD



Vaccination, the best protection

This booklet is an important document.

It is the only record of all the vaccines you have received.
You will need it all your life, so keep it in a safe place and keep it up to date.
Take it with you to each medical appointment.

**For optimal protection, it is important to follow the
regular vaccination schedule. Make an appointment
at the recommended ages to avoid delays.**

IDENTIFICATION

Family name:

Given name:

Date of birth: YEAR / MONTH / DAY

Sex: Male Female

Health insurance number:

Mother's family name:

Mother's given name:

Father's family name:

Father's given name:

Current telephone number:
(in case booklet is lost)

(USE PENCIL AND CORRECT AS NEEDED)

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BIRTH

Place of birth (locality):

Time:

Name of institution:

Length of pregnancy:

Type of delivery: vaginal caesarean section

Birth weight: /g

Blood group:

Apgar score:

Cranial circumference: /cm

Rh factor:

Length: /cm

Pneumococcal infections

Date (year-month-day)	Name of vaccine (print)	Dose/route of admin.	Signature

Meningococcal infections

Date

(year-month-day)

Name of vaccine

(print)

Dose/route of admin.

Signature

Date (year-month-day)	Name of vaccine (print)	Dose/route of admin.	Signature

Hepatitis A and Hepatitis B (combined vaccine)

Date (year-month-day)	Name of vaccine (print)	Dose/route of admin.	Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Hepatitis A

Date (year-month-day)	Name of vaccine (print)	Dose/route of admin.	Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Hepatitis B

Date <small>(year-month-day)</small>	Name of vaccine <small>(print)</small>	Dose/route of admin.	Signature

Human Papillomavirus (HPV)

Date <small>(year-month-day)</small>	Name of vaccine <small>(print)</small>	Dose/route of admin.	Signature

Tuberculin Skin Test (TST)

Date

(year-month-day)

Dose/route of admin.

Signature

Date of reading

Reaction (in mm)

Signature

Date

(year-month-day)

Dose/route of admin.

Signature

Date of reading

Reaction (in mm)

Signature

Tuberculin Skin Test (TST)

Date

(year-month-day)

Dose/route of admin.

Signature

Date of reading

Reaction (in mm)

Signature

Date

(year-month-day)

Dose/route of admin.

Signature

Date of reading

Reaction (in mm)

Signature

Tuberculosis

Date <small>(year-month-day)</small>	Name of vaccine <small>(print)</small>	Dose/route of admin.	Signature

Rabies

Date <small>(year-month-day)</small>	Name of vaccine <small>(print)</small>	Dose/route of admin.	Signature

Rabies

Date

(year-month-day)

Name of vaccine

(print)

Dose/route of admin.

Signature

Other vaccines

Date

(year-month-day)

Name of vaccine

(print)

Dose/route of admin.

Signature

Vaccine against: _____

Vaccine against: _____

Vaccine against: _____

Other vaccines

Date

(year-month-day)

Name of vaccine

(print)

Dose/route of admin.**Signature**

Vaccine against: _____

Vaccine against: _____

Vaccine against: _____

Vaccine against:

Vaccine against:

Vaccine against:

Vaccine against:

Other vaccines

Date

(year-month-day)

Name of vaccine

(print)

Dose/route of admin.

Signature

Vaccine against:

Vaccine against:

Vaccine against:

Immunoglobulins

Date

(year-month-day)

Name of vaccine

(print)

Dose/route of admin.

Signature

Immunoglobulins against: _____

Immunoglobulins against: _____

Immunoglobulins against: _____

Typhoid

Date

(year-month-day)

Name of vaccine

(print)

Dose/route of admin.

Signature

Yellow fever

Staple International Certificate
of Vaccination or Prophylaxis here



