



IPHC Immunization Plan Summary birth through age 6

Child's Name: _____

Date of Birth: _____

- _____ I/We are following an **ALTERNATIVE SCHEDULE** for our child's immunizations. **(PLEASE FILL OUT SCHEDULE BELOW) ****
 _____ I/We are not immunizing our child currently but may in the future and will update this plan when applicable. **
 _____ I/We are not immunizing our child indefinitely. **

Check box if you want	Immunization Name	Recommended age	Do you want combination vaccine? (circle which one)	Dose 1 Age/date	Dose 2 Age/date	Dose 3 Age/date	Dose 4 Age/date	Dose 5 Age/date
	Hepatitis B "Hep B" (3 doses)	Birth-2mo, 4mo, 6 mo	Yes or No (DTaP+HepB+IPV= Pediarix)					
	Diphtheria, Tetanus, acellular Pertussis "DTaP" (5 doses*)	2, 4, 6, 18, 48 months	Yes or No (DTaP+HepB+IPV= Pediarix) (DTaP+HiB+IPV= Pentacel)					
	Haemophilus Influenzae Type B "HiB" (4 doses*)	2, 4, 6, 15 mo	Yes or No (DTaP+HiB+IPV= Pentacel)					
	Pneumococcal "Pc" (4 doses*)	2, 4, 6, 15 mo						
	Rotavirus (oral) (3 doses*)	2, 4, 6 mo						
	Inactivated Polio Virus "IPV" (4 doses*)	2, 4, 6, 48 mo	Yes or No (DTaP+HepB+IPV= Pediarix) (DTaP+HiB+IPV= Pentacel)					
	Measles Mumps Rubella "MMR" (2 doses)	12 mo, 48 mo	Yes or No (MMR+V= Proquad)					
	Varicella "chickenpox" (2 doses)	12 mo, 48 mo	Yes or No (MMR+V= Proquad)					
	Hepatitis A "Hep A"(2 doses)	12 mo, 18 mo						

* Indicates that the # recommended doses will be dependent on age and previous number of doses in a "catch up" or "delayed" situation. Please click hyperlink for catch up specifics (i.e. HiB are given 4 times, but if the child is 15 months or older and has never received a dose, only one dose is given; Pc is similar with the catch up rules). [Click Here for Vaccination schedules for help filling out this form](#) or [Click here for a simplified parent-friendly version](#)

**IPHC requires that all clients who do not follow the CDC schedule are required to watch the vaccine video provided by the Health Department and present a certificate to ensure IPHC meets the requirements for informed refusal. [Click here for the video](#). Print certificate at the end

IPHC Uses combination vaccines whenever possible to minimize the number of injections. You may request available brands or individual injections if desired. Combinations we use are Pentacel (DtaP-HiB-Polio), Pediarix (DtaP-HepB-Polio), Proquad (MMR-varicella), Kinrix (DtaP-Polio). Brands for individual vaccines are Dtap (Infanrix), HiB (Hiberix), Hep B (Engerix-B), Hep A (Havrix), Pc (Prevnar), Rotavirus (RotaTeq), Polio (IPV), MMR-II(Merck) Varicella (Varivax)

Parent/Guardian Signature: _____ Parent/Guardian Name: _____ Date: _____

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