

Address:	
Phone#:	

Immunization Record

Name: Address:					_ DOB: _ _ Age: _		PARIS ID:					
Based on our records, has received the following immunization(s):												
Immunization History Chart												
Immunization	Description	Date	Age Given	See Note	Immunization	Description		Date	Age Given	See Note		

Note: * = Some or all of this immunization does not meet BC Guidelines. This immunization may need to be repeated. ED = Date of dose is unknown and has been estimated.

IMPORTANT

THIS IS A PERMANENT RECORD. PLEASE KEEP IN A SAFE PLACE.