

## When Do Children and Teens Need Vaccinations?

**Please note:** Your child may need additional vaccines and possibly, less doses of the vaccines listed below depending on the type of vaccines that your healthcare provider uses. **Talk to your healthcare provider.** Additionally, if your child's vaccinations are delayed or missed entirely, they should be given as soon as possible. ☐ = Catch-up dose

| Age          | Hep B       | DTaP/<br>Tdap | Hib           | Polio       | PCV           | Rota | MMR          | Varicella                                                                  | Hep A         | HPV | MCV4           | Influenza                                       |
|--------------|-------------|---------------|---------------|-------------|---------------|------|--------------|----------------------------------------------------------------------------|---------------|-----|----------------|-------------------------------------------------|
| Birth        | ✓           |               |               |             |               |      |              |                                                                            |               |     |                |                                                 |
| 2 months     | ✓<br>1-2 m  | ✓             | ✓             | ✓           | ✓             | ✓    |              |                                                                            |               |     |                |                                                 |
| 4 months     |             | ✓             | ✓             | ✓           | ✓             | ✓    |              |                                                                            |               |     |                |                                                 |
| 6 months     | ✓<br>6-18 m | ✓             | ✓             | ✓<br>6-18 m | ✓             | ✓    |              |                                                                            |               |     |                |                                                 |
| 12-18 months |             | ✓<br>15-18 m  | ✓<br>12-15 m  |             | ✓<br>12-15 m  |      | ✓<br>12-15 m | ✓<br>12-15 m                                                               | ✓✓<br>12-23 m |     |                | ✓<br>6 m + older<br>(given for each flu season) |
| 19-23 months |             |               |               |             |               |      |              |                                                                            |               |     |                |                                                 |
| 24-47 months |             |               | up to 5 years |             | up to 5 years |      |              |                                                                            |               |     |                |                                                 |
| 4-6 years    |             | ✓             |               | ✓           |               |      | ✓            | ✓                                                                          |               |     |                |                                                 |
| 11-12 years  |             | ✓<br>Tdap     |               |             |               |      |              |                                                                            |               | ✓✓✓ | ✓              |                                                 |
| 13-14 years  |             |               |               |             |               |      |              |                                                                            |               |     |                |                                                 |
| 15 years     |             | Tdap/Td       |               |             |               |      |              | all children older than age 6 yrs who have had only 1 dose need a 2nd dose |               |     |                |                                                 |
| 16-18 years  |             |               |               |             |               |      |              |                                                                            |               |     | College bound? |                                                 |

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CPR-RC

**PRESENT THIS RECORD AT EACH VISIT**  
**En Cada Visita Muestre este Registro de Inmunización**

- Parents are the most important factor in making sure their children and teens are protected. It is important to talk with your child's health care provider at each visit to ensure your child is fully protected at all times.
- A vaccination health record helps you and your healthcare provider keep your child's vaccinations on schedule. If you move or change providers, having an accurate record might prevent your child from repeating vaccinations he or she has already had. A shot record should be started when your child receives his/her first vaccination and updated with each vaccination visit. **Bring this record to every visit.**
- If you have questions or need to know where you can get immunizations for your child, call the Colorado HELP Line at 1-877-462-2911.

## IMPORTANT NOTES

COLORADO DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT

## CHILD IMMUNIZATION RECORD REGISTRO DE INMUNIZACION

NAME (Nombre)

BIRTHDATE (Fecha De Nacimiento)

ALLERGIES (Alergias)



**Your child must comply with Colorado's immunization law to be enrolled in school. Retain this document as proof of immunization.**

**Su niño/a debe cumplir con la ley de inmunización de Colorado para poder inscribirse en la escuela. Guarde este documento como prueba de vacunas.**

| VACCINE<br>vacuna                                                                                                                                                                                                                                                                                                                                                                                    |   | VACCINE<br>TYPE                               | DATE GIVEN<br>dada en la<br>fecha | DOCTOR OR CLINIC<br>doctor o clínica | DATE NEXT<br>DUE<br>próxima vacuna |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-----------------------------------------------|-----------------------------------|--------------------------------------|------------------------------------|
| Hepatitis B<br>(e.g., HepB, HepB-<br>Hib, DTaP-HepB-<br>IPV, HepA-HepB)                                                                                                                                                                                                                                                                                                                              | 1 |                                               |                                   |                                      |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                      | 2 |                                               |                                   |                                      |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                      | 3 |                                               |                                   |                                      |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                      | 4 | if dose #3 given before age 24 weeks          |                                   |                                      |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                      |   |                                               |                                   |                                      |                                    |
| Diphtheria,<br>Tetanus,<br>Pertussis<br>( <i>Difteria, Tétanos,<br/>Tos Ferina</i> )<br>(e.g., DTaP, DT,<br>DTaP-Hib, DTaP-<br>HepB-IPV, Td,<br>Tdap)                                                                                                                                                                                                                                                | 1 |                                               |                                   |                                      |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                      | 2 |                                               |                                   |                                      |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                      | 3 |                                               |                                   |                                      |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                      | 4 |                                               |                                   |                                      |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                      | 5 |                                               |                                   |                                      |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                      | 6 |                                               |                                   |                                      |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                      |   |                                               |                                   |                                      |                                    |
| Haemophilus<br>influenzae type b<br>( <i>Influenzae<br/>Haemophilus<br/>tipo b</i> )<br>(e.g., Hib, Hib-<br>HepB, DTaP-Hib)                                                                                                                                                                                                                                                                          | 1 |                                               |                                   |                                      |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                      | 2 |                                               |                                   |                                      |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                      | 3 |                                               |                                   |                                      |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                      | 4 | if dose #3 given before age 12 months         |                                   |                                      |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                      |   |                                               |                                   |                                      |                                    |
| Polio ( <i>Antipolio-<br/>mielítica</i> )<br>(e.g., IPV, DTaP-<br>HepB-IPV)                                                                                                                                                                                                                                                                                                                          | 1 |                                               |                                   |                                      |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                      | 2 |                                               |                                   |                                      |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                      | 3 |                                               |                                   |                                      |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                      | 4 |                                               |                                   |                                      |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                      |   |                                               |                                   |                                      |                                    |
| Pneumococcal<br>( <i>Neumocócica<br/>Conjugada</i> )<br>(e.g., PCV13 con-<br>jugate; PPV23,<br>polysaccharide)                                                                                                                                                                                                                                                                                       | 1 |                                               |                                   |                                      |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                      | 2 |                                               |                                   |                                      |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                      | 3 |                                               |                                   |                                      |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                      | 4 |                                               |                                   |                                      |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                      |   |                                               |                                   |                                      |                                    |
| Measles, Mumps,<br>Rubella<br>( <i>Sarampión,<br/>Paperas, Rubéola</i> )<br>(MMR, MMRV)                                                                                                                                                                                                                                                                                                              | 1 | do not give more than 4 days before 1st b-day |                                   |                                      |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                      | 2 |                                               |                                   |                                      |                                    |
| Varicella<br>( <i>Varicela</i> )<br>(Var, MMRV)                                                                                                                                                                                                                                                                                                                                                      | 1 | do not give more than 4 days before 1st b-day |                                   |                                      |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                      | 2 |                                               |                                   |                                      |                                    |
| <input type="checkbox"/> Check this box if this child has a healthcare provider-certified reliable history of chickenpox. Date certified ____/____/____.<br>A reliable history of chickenpox is defined as: 1) healthcare provider interpretation and verification of parent/guardian description of chickenpox; 2) healthcare provider diagnosis of chickenpox; or 3) laboratory proof of immunity. |   |                                               |                                   |                                      |                                    |
| Human<br>Papillomavirus<br>( <i>Virus del papilo-<br/>ma humano</i> )<br>(e.g., HPV)                                                                                                                                                                                                                                                                                                                 | 1 |                                               |                                   |                                      |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                      | 2 |                                               |                                   |                                      |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                      | 3 |                                               |                                   |                                      |                                    |
| Rotavirus<br>(e.g., Rota)                                                                                                                                                                                                                                                                                                                                                                            | 1 |                                               |                                   |                                      |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                      | 2 |                                               |                                   |                                      |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                      | 3 |                                               |                                   |                                      |                                    |
| Meningococcal<br>( <i>Meningocócicas</i> )<br>(e.g., MCV4, conju-<br>gate; MPSV4, poly-<br>saccharide)                                                                                                                                                                                                                                                                                               | 1 |                                               |                                   |                                      |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                      | 2 |                                               |                                   |                                      |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                      | 3 |                                               |                                   |                                      |                                    |
| Hepatitis A<br>(e.g., HepA, HepA-<br>HepB)                                                                                                                                                                                                                                                                                                                                                           | 1 |                                               |                                   |                                      |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                      | 2 |                                               |                                   |                                      |                                    |
| Influenza<br>(e.g., TIV, LAIV)                                                                                                                                                                                                                                                                                                                                                                       | 1 |                                               |                                   |                                      |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                      | 2 |                                               |                                   |                                      |                                    |