Department of Health & Human Services
DHHS

Nebraska Department Of Health & Human Services

IMMUNIZATION RECORD

Dear Parents:

School and child care immunization requirements reflect current medical recommendations and may require vaccines against any or all of the following diseases:

Measles	Diphtheria
Mumps	Tetanus
Rubella	Pertussis
Polio	Haemophilus influenzae (type b)
Hepatitis B	Chickenpox
Pneumococcal disease	

Consult your school nurse, child care provider, or health care provider for additional information. Please record in detail on this card all immunizations your child has received.

score

☐ In compliance ☐ Standard series complete ☐ Other

Do not write above this line. For school use use only.

Child's Name: Last First Middle Initial Parent First Name

Street and Number Town County

Telephone Child's Birthdate Age in Years ☐ Male ☐ Female

Comments

FH-2 Rev. 12/10 (24302)
(Previous version 9/07 should be used.)

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