



My Name

My Date of Birth

Vaccine	Type	Date	Route	Site Given	Manufacturer	Lot #	Visit date	Vaccinator
Hepatitis B								
Diphtheria, Tetanus, Pertussis (eg. DTaP, DT, Td, DTaP-Hib, DTaP, HepB, IPV, Tdap)								
Haemophilus Influenzae type B								
Polio Inactivated Poliovirus (IPV or OPV)								
Measles, Mumps, Rubella (MMR)								
Varicella								
Hepatitis A								



Barth Syndrome
Foundation

Medical Binder My Immunizations

My Name

My Date of Birth

Pneumococcal conjugate (PCV)								
Meningococcal								
Influenza								
Other								

	Date Given	Site	Manufacturer	Lot#	Initials	Date Read	Result	Initials	Signature
TB Skin Tests - PPD									

Barth Syndrome Foundation

2005 Palmer Avenue #1033, Larchmont, New York 10538 Phone (914) 303-6323 Fax (518) 213-4061 www.barthsyndrome.org