

## IMMUNISATION HISTORY & CATCH-UP WORKSHEET

Patient name and surname: \_\_\_\_\_ Date of birth/Age: \_\_\_\_\_ Health Status: \_\_\_\_\_

Vaccination History (Valid doses)							Catch-up notes			
Vaccine	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6	Date of last dose given if behind	Number of doses still needed for current age	Product	Catch-up schedule timeframe (interval to next dose) and notes
BCG										
OPV										
RV			A							
DTaP or Tdap-containing vaccines										
Hepatitis B										
PCV										
Measles/MR/MMR	Measles/ MR	Measles/ MR	MMR	MMR <sup>C</sup>						
Hepatitis A										
Men ACWY		B								
Men B			D							
Varicella		A								
HPV			B							
Notes: <sup>A</sup> Depends on product used; <sup>B</sup> Depends on age of 1 <sup>st</sup> dose; <sup>C</sup> If MMR is used, needs at least 2 doses after 12 months of age; <sup>D</sup> Depends on age of completion of primary series.										

By signing below, you certify that the information is true, based on proof of vaccination

Provider name: \_\_\_\_\_ Date: \_\_\_\_\_

## CATCH-UP PLAN

Patient name and surname: \_\_\_\_\_

Visit 1		Visit 2		Visit 3		Visit 4
	Interval to next visit		Interval to next visit		Interval to next visit	

Next scheduled vaccines