

Return To:

Tioga Opportunities, Inc.
Head Start
1277 Taylor Road
Owego, New York 13827
Phone: (607) 687-5888
Toll Free 1-866-687-5888
Fax: (607) 687-5904

CHILD HEALTH IMMUNIZATION RECORD

TO BE STARTED BY HEAD START STAFF AT PARENT INTERVIEW, THEN USED BY PHYSICIAN OR CLINIC FOR COMPLETING RECORD FOR HEAD START.

CHILD'S NAME _____ SEX _____ BIRTHDATE _____

HEAD START CENTER _____

PARENT/GUARDIAN _____

HOME ADDRESS _____ HOME PHONE _____

List the dates of ALL immunization received:

IMMUNIZATIONS	1 ST DOSE	2 ND DOSE	3 RD DOSE	4 TH DOSE	5 TH DOSE	MEDICALLY EXEMPT
DTaP/DTP/DT						<input type="checkbox"/> YES
POLIO (OPV/IPV)						<input type="checkbox"/> YES
HIB						<input type="checkbox"/> YES
PREVNAR						<input type="checkbox"/> YES
HEPATITIS B						<input type="checkbox"/> YES
HEPATITIS A						<input type="checkbox"/> YES
MMR						<input type="checkbox"/> YES
VARIVAX						<input type="checkbox"/> YES

Service Provider: _____ (NAME) _____ (PHONE)

Office Address _____ (STREET) _____ (SUITE)

_____ (TOWN/CITY) _____ (STATE) _____ (ZIP)