



DOÑA ANA COUNTY HEAD START



Immunization Reminder To Parents

CHILD: _____ CENTER: _____ AM/PM CLASSROOM

REMINDER #1 DATE: _____ REMINDER #2 DATE: _____

Recordatorio #1 Fecha: _____ Recordatorio #2 Fecha: _____

Yes, Child is on an Immunization Catch-Up Schedule

Niño/a esta al corriente con sus inmunizaciones

Dear _____ please take _____ for her/his required immunization(s) As Soon As Possible (ASAP)

Estimado _____ favor de llevar _____ a sus inmunizaciones requerida tan pronto posible.

DAC Head Start Requirements	First Immunization	Second Immunization	Third Immunization	Forth Immunization	Fifth (5 yr. old) Immunization	Next Due Date	Completed √
DTap							<input type="checkbox"/>
IPV (Polio)							<input type="checkbox"/>
MMR							<input type="checkbox"/>
Hib							<input type="checkbox"/>
HepB (HBV)							<input type="checkbox"/>
Varicella							<input type="checkbox"/>
HepA							<input type="checkbox"/>
PCV7							<input type="checkbox"/>

Immunization Notes / Notas de inmunización
