



IMMUNIZATION TRACKING RECORD

NAME OF YOUTH: _____ DJJID#: _____

DATE OF BIRTH: _____

ALLERGIES: _____

HISTORY OF ALL IMMUNIZATIONS RECEIVED PRIOR TO DJJ CUSTODY

Age	Vaccine	Previous Immunization Date	Verification Source (School Record, etc.)	Reviewed by: First Int., Last Name Position, Facility
2 months	DTP #1			
4 months	DTP #2			
6 months	DTP #3			
12-15 mos.	DTP/DTaP #4			
4-6 years	DTP/DTaP #5			
11-16 yrs.	TD			
12 months	MMR #1			
11-12 years	MMR #2			
2 months	OPV/IPV #1			
4 months	OPV/IPV #2			
6-18 months	OPV/IPV #3			
4-6 years	OPV/IPV #4			
██████████	Supplemental doses OPV or IPV #1			
██████████	VARICELLA			
	HBV #1			
	HBV #2			
	HBV #3			

RECORD OF IMMUNIZATIONS ADMINISTERED WHILE IN DJJ CUSTODY

Vaccine	Date Received	DJJ Facility	Provider (On-site/Off-Site)
TD			
VARICELLA			
OPV/IPV			
MMR #1			
MMR #2			
HBV #1			
HBV #2			
HBV #3			
Influenza			

Note: The Department of Health or Department of Education Immunization Record may be attached to this form.

