



Youth & Family Services Annual Immunization Record Form

Cole Center Family YMCA • 700 Garden Street, Kendallville, IN 46755 • 260.347.9622 • www.coleymca.net

Child's Information: Please print clearly with complete information. School: _____ Grade Fall '12: _____

Child's Name: _____ Male Female Date of Birth: _____

Parent/Guardian Name(s): _____ Home#: _____ Day#: _____ Cell#: _____

Address: _____ City: _____ State: _____ Zip: _____

Preferred method of contact: day cell home email Email: _____

Please Record Date of Immunization Below:

	1	2	3	4	5
Hep B					
DtaP / DTP / Td					
Hib					
MMR					
IPV					
Varicella					
PCV / Prevanar					

Child has documented history of varicella disease _____ No _____ Yes If yes, age _____

*Please note varicella or documented immunity (chicken pox) are required for participation in the program.
PCV/Prevanar is also required when age appropriate.

Please check the appropriate response:

- Child has received complete age-appropriate immunizations
- Child is currently in the process of receiving complete age appropriate immunizations

Comments (please list immunizations excluded for medical reasons): _____

Parent comments (please indicate religious objection, if any): _____

Health Care Provider Signature (required): _____ Date: _____

Printed Name and Title (required): _____