Next Appointment		
Day	**Date**	**Hour**

BAHAMAS
Department of Public Health

Immunization Record
Please Keep Safely Do Not Destroy

Name

Address

Birth Date

Sex

Mother's Name

Clinic Number

Clinic Tel:-

Dose	Immunization	Date	Lot#	Signature	Dose	Immunization	Date	Lot#	Signature
1	DPT Hib HepB				1	Rotavirus			
2	DPT Hib HepB				2				
3	DPT Hib HepB				3				
1	DPT Hib					Meningococcal			
1	DPT				1				
2	DPT/Tdap				2				
1	Pneumococcal					H.P.V.			
2	Pneumococcal				1				
3	Pneumococcal				2				
4	Pneumococcal				3				
1	Polio								
2	Polio								
3	Polio								
4	Polio								
1	M.M.R.								
2	M.M.R.								
1	Varicella								
2	Varicella								