

Pediatric Vaccination Checklist

Dear [Parent/Guardian's Name],

We are committed to keeping your child healthy and safe. Below is the vaccination checklist for your pediatric visit.

Child's Information

- Name: _____
- Date of Birth: _____
- Appointment Date: _____

Vaccination Checklist

Vaccine	Age Administered	Next Due Date	Notes
Hepatitis B	_____	_____	_____
DTP (Diphtheria, Tetanus, Pertussis)	_____	_____	_____
MMR (Measles, Mumps, Rubella)	_____	_____	_____
Polio	_____	_____	_____
Varicella (Chickenpox)	_____	_____	_____

Additional Notes

Thank you for ensuring the health of your child.

Sincerely,

[Your Clinic Name]

[Contact Information]