Vaccine Administration Record for Children

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Phone:	(home)	•		(cell)		•	•	
Addre	ss:		•	•	·			
Mothe	r's Name:		· · · · · · · · · · · · · · · · · · ·	Father?	's Name:_	•		
Insura	nce Status (circle one):	None Private	CareSource	Unison	United 1	Health Care	Medic
If priv	ate insuranc	e-are immun	izations paid:	Yes	.No	· · ·		
CH	(select one of ChineseF Other Non-W	I Filipino	AS –Asian Pacific HA Hawaiian nknown				CA Cauc JA Japar	
Ethnic	ity: Hispanio	or Latino	YesNo		•			•
Gende	r:Mal	Fem:	ale		•			•
Child'	's Physician	Name & Pho	ne:		•			•
Allerg	ies:							
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