

## YOUR BABY WILL NEED THESE IMMUNIZATIONS AT:

Birth: HepB

2 months: DTaP, HepB, Hib, Pneumo, Polio, RV

4 months: DTaP, HepB\*, Hib, Pneumo, Polio, RV

6 months: DTaP, HepB, Hib, Pneumo, Polio, RV

12 months: HepA, Hib, MMR, Pneumo, Var

15 months: DTaP

18 months: HepA

6 months up to 5th birthday and high risk kids:

Influenza (every fall)

DTaP=Diphtheria, Tetanus, Acellular Pertussis

HepA/HepB=Hepatitis A/Hepatitis B

Hib=Hib Meningitis, *Haemophilus influenzae* Type B

MMR=Measles, Mumps, Rubella

Pneumo=Pneumococcal conjugate

RV=Rotavirus

Var=Varicella (Chickenpox)

\*if 1<sup>st</sup> dose given at 2 months instead of birth

♥ With our best wishes. ♥

Arnold Schwarzenegger, Governor  
State of California

Kimberly Belshé, Secretary  
Health and Human Services Agency

Mark B. Horton, MD, MSPH, Director  
California Department of Public Health

Immunization Branch

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**T**here's nothing  
like a parent's  
love. ♥

**N**ow you have a new baby to love.

**G**ive your baby lots of love. And get your baby's immunizations on time. They will keep your baby safe from some very dangerous diseases.

**Y**our baby will need the first immunization at birth. The list on the back shows when the others are due. Get each one on time to protect your baby. Make an appointment now with your doctor or clinic for the first ones.

**T**he doctor or nurse will give you your baby's **Immunization Record**. Take it with you whenever your baby visits the doctor or clinic. You also will need to show it when your child goes to child care and school. Please safeguard it: Your baby will need it for a lifetime.

<b>IMMUNIZATION RECORD</b> Comprobante de Inmunización	
	
Name Nombre	_____
Immuno- number Número	_____
Date of birth Fecha de nacimiento	_____
Allergies Alergias	_____
Vaccine Reactions reacciones a la vacuna	_____
RETAIN THIS DOCUMENT — CONSERVE ESTE DOCUMENTO	