

Asbury United Methodist Church's
Children's Morning Out

History Of Immunizations

Please fill out the following information for each child or
have your doctor fax your child's immunization records to us at (812) 372 - 7284.

Child's Name: _____ Date of Birth: _____

	1	2	3	4	5
DTaP					
IPV					
Hib					
HepB					
Prevnar					
MMR					
Varivax					
HepA					
Rotavirus					

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