

IMMUNIZATION Follow-up



SAFER • HEALTHIER • PEOPLE™

DATE ____ / ____ / ____

Today, _____

received vaccines to prevent:

- Diphtheria, Tetanus and Pertussis
- Haemophilus Influenzae* Type B (Hib)
- Hepatitis A
- Hepatitis B
- Human Papillomavirus
- Influenza
- Measles, Mumps and Rubella
- Meningococcal Disease
- Pneumococcal Disease
- Rotavirus
- Polio
- Varicella (Chickenpox)
- Other _____

YOUR CHILD'S NEXT IMMUNIZATION IS DUE:

DIPHTHERIA ■ TETANUS ■ PERTUSSIS ■ MEASLES ■ MUMPS ■ RUBELLA ■ POLIO ■ HIB ■ HEPATITIS A & B ■ VARICELLA ■
PNEUMOCOCCAL DISEASE ■ INFLUENZA ■ MENINGOCOCCAL DISEASE ■
ROTAVIRUS ■ HUMAN PAPILLOMAVIRUS

GENERAL INSTRUCTION/ REACTIONS

It is common for children to experience some discomfort from today's vaccine(s).

- Soreness, redness, swelling, tenderness where shot is given
- Fussiness, tiredness, or poor appetite
- Fever (usually low grade)

For relief, you may

- apply ice for first 24 hours
- administer _____ every 4 to 6 hours

Dosage:

In rare cases, moderate or severe reactions to vaccines can occur.
This will usually be within a few minutes to a few hours after the vaccine.

SHOULD YOUR CHILD EXPERIENCE

- difficulty breathing
- hoarseness or wheezing
- swelling of the throat
- weakness
- fast heart beat
- dizziness
- hives

CONTACT THIS OFFICE
IMMEDIATELY AT:

FOR MORE INFORMATION

www.cdc.gov/vaccines
or call

800-CDC-INFO (232-4636)
In English / En español — 24/7

Reactions to any vaccine should be reported to the
Vaccine Adverse Event Reporting System (VAERS)
800-822-7967