KEEP YOUR CHILD HEALTHY!

Use this card to record and help schedule immunizations necessary to your child's well being. Following the recommended immunization schedule will protect your child from serious diseases. Bring this card with you each time you take your child to see a health care provider. If your child has received additional shots not recorded on this card, ask your provider for a copy of your child's New Mexico Statewide Immunization Information System (NMSIIS) record to compile a complete and consolidated record.

TOO SICK TO GET A SHOT?

Even if you think your child is too sick to get a shot, don't miss a scheduled visit. If your child is too sick to get a shot, the child will need to see a health care provider anyway.

REAL REASONS NOT TO GIVE SHOTS

- Moderate or severe acute illness
- Diagnosed immune deficiency
- Severe reaction to a previous shot

SHOTS SHOULD BE GIVEN EVEN IF...

- Child has a mild illness, even with a fever
- Child has a cold, ear infection, or diarrhea
- Child has had mild reactions to previous vaccines
- Child was born premature
- Child's mom is pregnant or nursing
- Child has a family history of seizures
- Child has allergies

CPI Clinical Prevention Initiative

NEW MEXICO MEDICAL SOCIETY

If you have questions, call the NM Immunization Hotline toll-free at:

1-866-681-5872

or visit our web site at:
www.immunizenm.org

If you find this card, please return to:

Immunization Program
NM Department of Health
1190 St. Francis Dr.
Santa Fe, New Mexico
87502-6110
USA

State of New Mexico
HEALTH PASSPORT

NAME _____

DATE OF BIRTH _____

STATE OF NEW MEXICO VACCINATION CARD

CHILD'S NAME: _____ DATE OF BIRTH: _____
FIRST MIDDLE LAST MONTH DAY YEAR

RECOMMENDED INTERVALS – CHILD'S AGE IN MONTHS *(mark colored squares for each completed vaccine)*

VACCINE	DOSE	0	1	2	3	4	5	6	7	8	9	10	11	12	18	24	36	48	60	DATE	CLINIC	NEXT NEEDED ON
DIPHTHERIA, TETANUS & PERTUSSIS	1ST								◄ Allow 6 month interval													
	2ND																					
	3RD																					
	4TH								between #3 and #4 ►													
	5TH																					
HEPATITIS A	1ST																					
	2ND																					
HEPATITIS B	1ST																					
	2ND																					
	3RD																					
HAEMOPHILUS INFLUENZA B	1ST																					
	2ND																					
	3RD	Not needed if Comvax or Pedvax-Hib ►																				
	4TH																					
INFLUENZA	1ST							2 shots between 6 & 12 months –														
	2ND													1 month apart								
	3RD																					
	4TH																					
	5TH																					
	6TH																					

Is your child up-to-date?

To check, place a ruler at the current age of your child. Are there X's in all the colored boxes to the left of the ruler?
If not, ask your health care provider to check your card and give any needed shots.

Keep in a safe place and ALWAYS bring with you to any type of child health activity.

RECOMMENDED INTERVALS – CHILD'S AGE IN MONTHS/YEARS *(mark colored squares for each completed vaccine)*

VACCINE	DOSE	0	1	2	3	4	5	6	7	8	9	10	11	12	48	DATE	CLINIC	NEXT NEEDED ON
MEASLES, MUMPS & RUBELLA	1ST																	
	2ND																	
PNEUMO-COCCAL CONJUGATE (PCV-13)	1ST																	
	2ND																	
	3RD																	
	4TH																	
POLIO	1ST																	
	2ND																	
	3RD																	
	4TH																	
ROTAVIRUS	1ST																	
	2ND																	
	3RD	3rd dose not needed if Rotarix vaccine series used ►																
VARICELLA	1ST																	
	2ND																	
ADOLESCENT SERIES 11-12yrs																		
HUMAN PAPILLOMA-VIRUS	1ST																	
	2ND					Allow 2 month interval between #1 and #2 ►												
	3RD					Allow 4 month interval between #2 and #3 ►												
MENINGO-COCCAL	1ST																	
	2ND																	
Tdap†	1ST																	

†TETANUS, DIPHTHERIA & PERTUSSIS