

## 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.

## TOO SICK TO GET A SHOT?

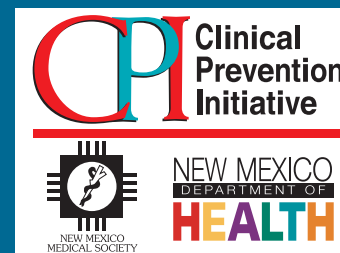
Even if you think your child is too sick to get a shot, don't miss a scheduled visit. If your child is too sick to get a shot, the child will need to see a health care provider anyway.

## 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 THERE IS:

- A mild illness, even with a fever
- A cold, ear infection, or diarrhea
- Mild reactions to previous vaccines
- Prematurity
- A pregnant or nursing mom
- Family history of seizures
- Allergies



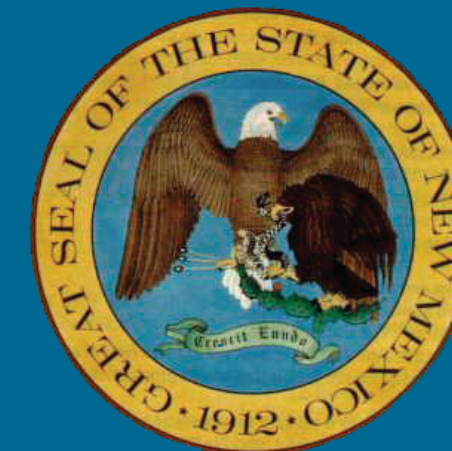
If you have questions, call the  
NM Immunization Hotline toll-free at:  
**1-888-231-2367**  
or visit our web site at:  
<http://www.health.state.nm.us/immunize/>

*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**

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# 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																					
	2ND																					
	3RD																					
	4TH																					
	5TH																					
HEPATITIS A	1ST																					
	2ND																					
HEPATITIS B	1ST																					
	2ND																					
	3RD																					
HAEMOPHILUS INFLUENZA B	1ST																					
	2ND																					
	3RD																					
	4TH																					
INFLUENZA	1ST																					
	2ND																					
	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-7)	1ST																	
	2ND																	
	3RD																	
	4TH																	
POLIO	1ST																	
	2ND																	
	3RD																	
	4TH																	
ROTAVIRUS	1ST																	
	2ND																	
	3RD																	
VARICELLA	1ST																	
	2ND																	
<b>ADOLESCENT SERIES 11-12yrs</b>																		
HUMAN PAPILLOMA-VIRUS	1ST																	
	2ND																	
	3RD																	
MCV4*	1ST																	
Tdap†	1ST																	

\*MENINGOCOCCAL CONJUGATE †TETANUS, DIPHTHERIA & PERTUSSIS