**Grade 7 Immunization Daily Vaccinations Record**

***This record is to be shredded at end of day at Health unit***

Make sure to check the age before you choose the appropriate vaccine & dose for each student.

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| **Student Name** | **Age** | **Engerix**  **11-15 yrs**  **HB**  **Lt Deltoid** | **Recombivax**  **16-19 yrs**  **\*CONTAINS LATEX\***  **HB**  **Lt. Deltoid** | **Nimenrix**  **Men-CACYW**  **Rt. Superior deltoid** | **Gardasil**  **HPV**  **Rt. Inferior deltoid** |
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