

KOJ TUS MENYUAM YUAVTSUM TAU TXHAJ

COV TSHUAJ TIVTHAIV NO:

Thaum yug: HepB

Thaum muaj 2 hlis: DTaP, HepB, Hib, Pneumo, Polio, RV

Thaum muaj 4 hlis: DTaP, HepB*, Hib, Pneumo, Polio, RV

Thaum muaj 6 hlis: DTaP, HepB, Hib, Pneumo, Polio, RV

Thaum muaj 12 hlis: HepA, Hib, MMR, Pneumo, Var

Thaum muaj 15 hlis: DTaP

Thaum muaj 18 hlis: HepA

6 hlis mus txog rau 5 xyoos thiab cov menyuam uas muaj feem yuav

mob: Tshuaj tivthaiv kabmob npaws (txhua lub

caij nplooj ntoos zeeg)

DTaP=Kabmob qhafoob, Kabxeb, Kabmob hnoos hawbpob

HepA/HepB=Kabmob siab hom A/Kabmob siab hom B

Hib=Kabmob npluas hlwb, Kabmob kubcev hom B

MMR=Mob Qog, Qhua-pias, Qhua-taum

Pneumo=Kabmob txhaws hlab-ntsws

RV=Kabmob thojplab

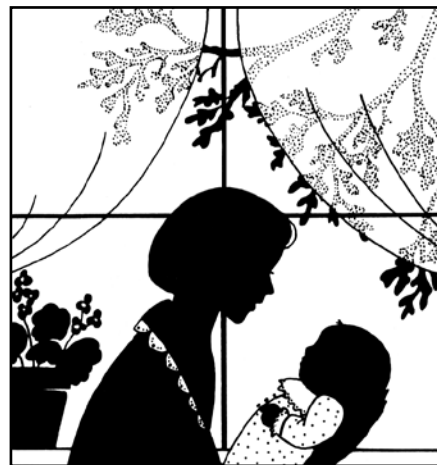
Var=Ua qoob (Qhua-maj)

*yog koob thib 1st txhaj thaum muaj 2 hlis es tsis yog txhaj

thaum yug los.

♥ **Peb thov kom nej tsuas ntsib
kev nojqab nyob zoo.**♥

California Department of Public Health
Immunization Branch
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Tsis muaj dabtsi uas
zoo tshaj li niamtxiv
txoj kev hlub.♥

Nimno koj muaj ib tus menyuam mosliab los hlub lawm.

Kavtsij hlub hlub nws. **Thiab** coj nws mus txhaj cov tshuaj tivthaiv kom raws sijhawm. Cov tshuaj ntawd yuav pab tivthaiv tau tej yam kabmob phem uas yuav los raug rau koj tus menyuam mosliab.

Koj tus menyuam mosliab yuavtsum tau txhaj thawj cov tshuaj tivthaiv thaum nws **yug los**. Daim qauv uas nyob rau nplooj ntawv tomqab qhia tias thaum twg yuav tau mus txhaj lwm koob tshuaj tivthaiv. Txhaj txhua koob kom **raws sijhawm** thiaj muaj kev tivthaiv rau koj tus menyuam mosliab. Hu tamsim no mus teem ib lub sijhawm nrog koj tus kws khomob lossis lub chaw kuaj mob mus txhaj thawj cov tshuaj tivthaiv.

Tus kws khomob lossis tus neeg saib mob yuav muab koj tus menyuam mosliab daim **Ntawv Teev Kev Txhaj Tshuaj Tivthaiv** rau koj. Nqa nrog koj mus txhua zaus uas koj coj koj tus menyuam mus ntsib tus kws khomob lossis lub tsev kuaj mob. Koj tseem yuav tau muab daim ntawv no rau lawv saib thaum koj coj koj tus menyuam mus rau lawv zov thiab mus kawm ntawv. Thov muab nws khaws tibzoo cia: Koj tus menyuam yuav siv daim ntawv no mus tas simneej.

IMMUNIZATION RECORD Comprobante de Inmunización	
Name nombre	_____
Birthdate fecha de nacimiento	_____
Allergies alergias	_____
Vaccine Reactions reacciones a la vacuna	_____

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