**预防接种登记表**

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| 幼儿姓名 | 班级 | 登记日期 | 卡介苗 | | 乙肝疫苗 | | | 婴儿麻糖丸 | | | | | 白百破三联疫苗 | | | | | 乙脑疫苗 | | | 流脑疫苗 | | | 麻疹疫苗 | | | 甲肝  疫苗 | | 风  疹 | 腮腺炎 | 水  痘 | 流  感 |  |  |
| 初种 | 复种 | 第一针 | 第二针 | 第三针 | I | II | III | 加强 | 加强 | 第一针 | 第二针 | 第三针 | 加强 | 加强 | 第一针 | 第二针 | 第三针 | 第一针 | 加强 | 加强 | 初种 | 加强 | 加强 | 第一针 | 第二针 |
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