

Stay vaccinated, stay healthy!



eooco
EASTERN OREGON
COORDINATED CARE
ORGANIZATION

Make sure your child gets these vaccines before their second birthday*

Child's name: _____

HepB: Birth: ____/____/____

1-2 months: ____/____/____

6-18 months: ____/____/____

DTaP: 2 months: ____/____/____

4 months: ____/____/____

6 months: ____/____/____

15-18 months: ____/____/____

IPV: 2 months: ____/____/____

4 months: ____/____/____

6-18 months: ____/____/____

HiB: 2 months: ____/____/____

4 months: ____/____/____

6-18 months: ____/____/____

MMR: 12-15 months: ____/____/____

VZV: 12-15 months: ____/____/____

Doctor's name: _____

Doctor's phone: _____

Questions?

We're here to help. Please call our customer service team toll-free at 888-788-9821 (TTY users, please dial 711) or email us at EOCCOmedical@eooco.com.

*This schedule is for children ages 0-2. Please talk to your child's doctor if you have questions about delaying or altering this schedule.