

Supplemental Information

SUPPLEMENTAL TABLE 3 NICU Infant Vaccine Status Checklist

Name: Template, Infant	Vaccine Schedule	First HepB	Second HepB	First PCV13 and DTaP-IPV/Hib	Second PCV13 and DTaP-IPV/Hib	Third HepB	Third PCV13 and DTaP-IPV/Hib	First Flu	Second Flu
Medical record No. 00-000-000	Date vaccine due	7/1/2019	7/31/2019	7/31/2019	10/1/2019	12/1/2019	12/1/2019	12/1/2019	1/1/2020
Birth date	Date administered	7/1/2019							
6/1/2019	7/17/2019								
	DOL 46								
GA 25 + 0/7	CGA 31 + 4/7	No							
BW, kg	1.25	7/1/2019							

BW, birth weight; CGA, corrected gestational age; DOL, day-of-life; Flu, influenza vaccine; GA, gestational age.