

ADULT IMMUNIZATION RECORD

Always carry this record with you and have your health professional or clinic keep it up to date.

 Last name

First name

M.I.

Birthdate:

-
 (mo.)

-
 (day)

-
 (yr.)

Patient Number:

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	Dose (units)	Type of vaccine	Date given mo/day/yr	Health professional or clinic	Date next dose due
Hep B			1		
			2		
			3		
Hep A			1		
			2		
If combo*			*		
Combination vaccines should always be documented under each antigen.					
MMR <small>A second dose may be needed in some people</small>			1		
			2		
Varicella (chickenpox)			1		
			2		
Td (Tetanus, diphtheria)					

Last name First name M.I.

Telephone number: () -

Medical notes: _____

Item #12005 (4/03)

	Type of vaccine	Date given mo/day/yr	Health professional or clinic	Date next dose due
Pneumococcal <small>A second dose may be needed for those at risk.</small>				
Influenza				
Other				

To learn more about vaccines, visit www.vaccineinformation.org & www.immunize.org