Next dose due on (YYYY-MM-DD)	Vaccine(s)

Personal Immunization Record

Name

YYYY MM DD
Date of Birth

Personal Health Number

This is a permanent record. Please keep in a safe place.

BRITISH COLUMBIA | ImmunizeBC

Immunization Record

Date (YYYY-MM-DD)	Diphtheria	Pertussis	Tetanus	Polio (IPV)	Hib	Hepatitis B	Rotavirus	Pneumo-conjugate	Men-C-conjugate	Men-A,C,Y,W-conjugate	Measles	Mumps	Rubella	Varicella	Human Papillomavirus	Seasonal Influenza	Pneumo-poly.	Hepatitis A	Varicella Zoster	Other (please specify)	Vaccine Brand Name	Health Care Professional or clinic

This is your personal immunization record.

For an up-to-date immunization schedule, visit ImmunizeBC.ca

Tuberculosis (TB)

TB skin test result

Date given	Date read	Induration size (mm)	Interpretation (pos./neg)	Health care professional or clinic

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