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 A second dose may be needed in some people			1			
			2			
Varicella (chickenpox)			1			
			2			
Td (Tetanus, diphtheria)						

Last name First name M.I.

Telephone number: (_____) _____ - _____

Medical notes: _____

Item #R2005 (4/03)

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

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