## **ADULT IMMUNIZATIONS RECORD**

Dose number	Date	Manu- facturer	Lot#	Dose	Route	Site	VIS edition (date or n/a)	Name/rank of pers administering	son	Initials	MTF or other facility	
Anthrax		lacturer			l		(date of fira)	administering	ı		Other lacility	
Allullax												
Hepatitis A												
Hepatitis B												
перация	 											
Influenza												
Japanes	e Encep	halitis	<u> </u>		I	I		T	1			
Meningo	roccal	<u> </u>			l	I		I				
Wieilinge	Coccai											
MMR	1	I	<u> </u>		ı	<u> </u>	<u> </u>	ı	<u>1</u>		<u> </u>	
Pneumo	coccal								•			
Polio (IPV)												
HOSPITAL OR MEDICAL FACILITY				STATUS	S		DEPARTMENT/	DEPARTMENT/SERVICE RECC			NED AT:	
SPONSOR'S NAME							RELATIONSHIP	RELATIONSHIP TO SPONSOR				

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; SSN: Sex; Date of Birth; Rank/Grade.)

ADULT IMMUNIZATIONS R								CORD	(continued)				
Dose number	Date	Manu- facturer	Lot#	Dose	Route	Site	VIS	S edition te or n/a)	Name/ran	k of persor istering	n Initials	MTF or other facility	
Tetanus-Diphtheria (Td)													
Totaliao	Biplitile												
Typhoid, Oral Series (Ty 21a)													
Typhoid	, Parente	eral (Vi-CPS)			1	1			1			T	
Varicella													
Yellow Fever													
Other													
			<u> </u>				ı		ı		L		
Remark	(S												
Sensitivity Tests  Date placed Type				Dose	Dose Route			Site		Res	ults	Reader	
2010		. , , ,	<u> </u>						0.10	1.00			
HOSPITAL OR MEDICAL FACILITY				STATU	STATUS			DEPARTMENT/SERVICE REC			RECORDS MAINTAI	CORDS MAINTAINED AT:	
SPONSOR'S NAME				SSN	SSN			RELATIONSHIP TO SPONSOR					