

# 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:

Printed by Immunization Action Coalition • [www.immunize.org](http://www.immunize.org)

	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			
Zoster (shingles)			1			
Td, Tdap (Tetanus, diphtheria, [pertussis])						

	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				
HPV (Human Papillomavirus)		1		
		2		
		3		
Meningococcal				
Other				

To learn more about vaccines, visit [www.vaccineinformation.org](http://www.vaccineinformation.org) & [www.immunize.org](http://www.immunize.org)

Item #12005 (6/09)

Last name

First name

M.I.

Telephone number: (       )       -      

Medical notes: \_\_\_\_\_

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