ADOLESCENT & ADULT IMMUNIZATION RECORD

Clinic: AUM-STUDENT HEALTH CENTER

Name: Carla Renegar

Date of Birth: 12 / 9 / 49 Record #: _____

Allergies: _____ Reactions: _____

History of Chickenpox? **YES** or **NO** If yes, date if known: _____

Vaccine	Date Admin			Age at the time	VIS Form Given			Manuf Abbr*	Lot Number	Dose	Admin Site**	Route	Provider Initials*** or Outside Provider Name
	Mo	Day	Yr		Type	Mo	Yr						
Td					Td					0.5cc		IM	
Td					Td					0.5cc		IM	
Td					Td					0.5cc		IM	
Td					Td					0.5cc		IM	
Tdap					Tdap					0.5cc		IM	
Hep B					Hep B							IM	
Hep B					Hep B							IM	
Hep B					Hep B							IM	
Hep B (booster if needed)					Hep B							IM	
MMR Rubella Rubeola					MMR					0.5cc		SQ	
MMR Rubella Rubeola					MMR					0.5cc		SQ	
Varicella					Var					0.5cc		SQ	
Varicella					Var					0.5cc		SQ	
IPV					Polio				LOT: G99R4 EXP: 05/20/22	0.5cc		SQ	
IPV					Polio				NDC 58160-826-43	0.5cc		SQ	
IPV					Polio				Hepatitis A Vaccine	0.5cc		SQ	
IPV					Polio				HAVRIX®	0.5cc		SQ	
PPV23					PPV				1440 EL.U/mL Mfd. by GlaxoSmithKline Biologicals	cc		IM	
PPV23					PPV				474[illegible]	0.5cc		IM	
Hepatitis A	3	19	20		Hep A	7	16			1.0	LD	IM	AM
Hepatitis A					Hep A							IM	
HPV					HPV					0.5cc		IM	
HPV					HPV					0.5cc		IM	
HPV					HPV					0.5cc		IM	
Influenza					Flu					0.5cc		IM	
Influenza					Flu					0.5cc		IM	
Influenza					Flu					0.5cc		IM	
MCV4					Mening							IM	
MPSV4					Mening							SQ	

* Manufacturers: M= Merck; S = Sanofi Pasteur; W = Wyeth; G = GlaxoSmithKline

** Sites: LT = Left Thigh, RT = Right Thigh, LA = Left Arm, RA = Right Arm, LD = Left Deltoid, RD = Right Deltoid

*** VIS Language given, if not English: _____