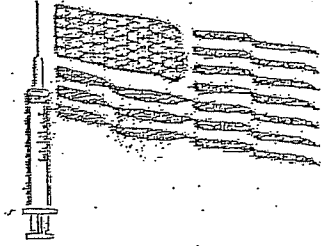


ADOLESCENT & ADULT IMMUNIZATION RECORD CLINIC:

Protect Our Future!



Immunize!

Name: Justin Locke

Date of birth: 11/30/86 Record # _____

Allergies: ACKM17 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			Adacel/VNDC 49281-400-08 (L)U4998AB (E)25MAR17				IM	
Tdap	2	27	15	28	Tdap	5	13	SP		0.5cc	LD	IM	AM
Hep B	2	27	15	28	Hep B	2	12	ESK F3BB3		1.0	RD	IM	AM
Hep B	4	10	15		Hep B	2	12	ESK F3BB3		1.0	LD	IM	AM
Hep B	6	13	17		Hep B	7	16	ESK	LOT: JT379 EXP: 03/10/19	1.0	LD	IM	AM
Hep B (booster if needed)					Hep B							IM	
MMR Rubella Rubeola	4	11	15	(AV)	MMR			ND 58160-021-43 Hepatitis B Vaccine (Recombinant)		cc		SQ	
MMR Rubella Rubeola					MMR			ENGRIX-B® 20 mcg/mL		0.5cc		SQ	
Varicella					Var			Made by GlaxoSmithKline Biologicals		0.5cc		SQ	
Varicella					Var					0.5cc		SQ	
IPV					Polio					0.5cc		SQ	
IPV					Polio					0.5cc		SQ	
IPV					Polio					0.5cc		SQ	
IPV					Polio					0.5cc		SQ	
PPV23					PPV					0.5cc		IM	
PPV23					PPV					0.5cc		IM	
Hepatitis A					Hep A							IM	
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: _____