

ADOLESCENT & ADULT IMMUNIZATION RECORD

CLINIC:

Name: Carson Fike

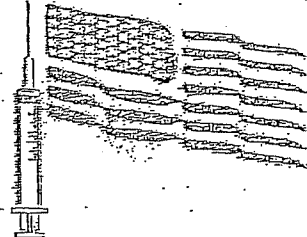
Date of birth: 8/1/2002 Record #

Allergies:

Reactions:

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

Protect Our Future!



Immunize!

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: 31J5L EXP: 11/30/18	cc		SQ	
IPV					Polio					cc		SQ	
IPV					Polio				NDQ58180-925-43	cc		SQ	
IPV					Polio				Hepatitis A Vaccine HAVRIX®	0.5cc		SQ	
PPV23					PPV				720 EL.U./0.5 ml	cc		IM	
PPV23					PPV				Mfd by GlaxoSmithKline Biologicals	0.5cc		IM	
Hepatitis A	6	16	17		Hep A	7	16	GSK		0.5	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:

***Provider Information

[illegible]

Tuberculin Test

[illegible]

Titer Test Results for Non Susceptibility (IgM)

[illegible][illegible]