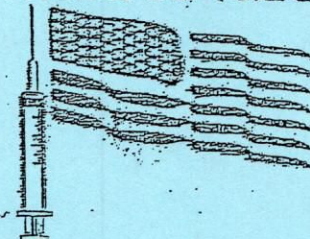


ADOLESCENT & ADULT IMMUNIZATION RECORD

CLINIC:

Protect Our Future!



Name: Mary Adams

Date of birth: 4/3/59 Record # _____

Allergies: NKA Reactions: _____

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

Immunize!

Vaccine	Date Admin			Age at the time	VIS Form Given			Manuf Abbr#	Lot No	Dose	Admin Site**	Route	Prvnt Outstg	TX34X 05/14/17	* or Name
	Mo	Day	Yr		Type	Mo	Yr								
Td					Td				LOT: 7C423 EXP: 05/06/18	0.5cc		IM	NDC 58180-815-43		
Td					Td			NDC 58180-815-43		0.5cc		IM	Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine, Adsorbed BOOSTRIX®		
Td					Td			Hepatitis A & Hepatitis B (Recombinant) Vaccine		0.5cc		IM	0.5 mL		
Td					Td			TWINRIX®		0.5cc		IM	Mfd. by GlaxoSmithKline Biologicals		
Tdap	6	2	16		Tdap	2	15	65K	LOT: 1-00-1-11-11-11	0.5cc	LD	IM	AM		
Hep B + Hep A	6	2	16		Hep B	10	12	65K	LOT: 7C423 EXP: 05/06/18		LD	IM	AM		
Hep B + Hep A	7	5	16		Hep B	10	12	65K			LD	IM	AM		
Hep B + Hep A	12	14	16		Hep B	7	16	65K	NDC 58180-815-43		LD	IM	AM		
Hep B (booster if needed)					Hep B			Hepatitis A & Hepatitis B (Recombinant) Vaccine				IM			
MMR Rubella Rubeola					MMR			TWINRIX®		0.5cc		SQ			
MMR Rubella Rubeola					MMR			Mfd. by GlaxoSmithKline Biologicals				SQ			
Varicella					Var				LOT: 2BA47 EXP: 09/27/18			SQ			
Varicella					Var							SQ			
IPV					Polio			Hepatitis A & Hepatitis B (Recombinant) Vaccine				SQ			
IPV					Polio			TWINRIX®				SQ			
IPV					Polio			Mfd. by GlaxoSmithKline Biologicals				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: _____

***Provider Information

[illegible]

Tuberculin Test

[illegible]

Titer Test Results for Non Susceptibility (IgM)

Date			Disease	✓ Results		Notes
Mo	Day	Yr		Neg	Pos	

[illegible]