

ADOLESCENT & ADULT IMMUNIZATION RECORD

CLINIC:

Name: Matt Darnato

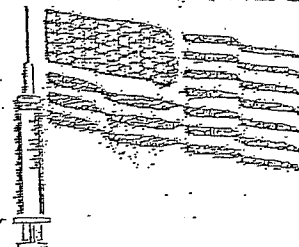
Date of birth: 10/29/1980 Record #

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				LOT: 0A9ZR EXP: 04/16/19			IM	
Td					Td				NDC 58180-821-43			IM	
Td					Td				Hepatitis B Vaccine (Recombinant) ENGERIX-B®	0.5cc		IM	
Tdap					Tdap				Mfd. by GlaxoSmithKline Biologicals	20 mcg/mL		IM	
Hep B	10	30	17		Hep B	7	16	GSK	474480	1.0	LD	IM	AM NDC 58180-821-43
Hep B	12	5	17		Hep B	7	16	GSK		1.0	LD	IM	AM Hepatitis B Vaccine (Recombinant) ENGERIX-B®
Hep B	5	14	18		Hep B	7	16	GSK		1.0	LD	IM	AM ENGERIX-B® 20 mcg/mL
Hep B (booster if needed)					Hep B							IM	AM
MMR Rubella Rubeola					MMR					0.5cc		SQ	94S22 EXP: 09/04/20
MMR Rubella Rubeola					MMR					0.5cc		SQ	NDC 58180-821-43
Varicella					Var					0.5cc		SQ	Hepatitis B Vaccine (Recombinant) ENGERIX-B®
Varicella					Var					0.5cc		SQ	20 mcg/mL
IPV					Polio					0.5cc		SQ	474430
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:

Screening Checklist for Contraindications to Vaccines for Adults

PATIENT NAME Matt Damato
DATE OF BIRTH 10/29/80
month day year

For patients: The following questions will help us determine which vaccines you may be given today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	yes	no	don't know
1. Are you sick today?	☐	☒	☐
2. Do you have allergies to medications, food, a vaccine component, or latex?	☐	☒	☐
3. Have you ever had a serious reaction after receiving a vaccination?	☐	☒	☐
4. Do you have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorder?	☐	☒	☐
5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem?	☐	☒	☐
6. In the past 3 months, have you taken medications that affect your immune system, such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or have you had radiation treatments?	☐	☒	☐
7. Have you had a seizure or a brain or other nervous system problem?	☐	☒	☐
8. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?	☐	☒	☐
9. For women: Are you pregnant or is there a chance you could become pregnant during the next month?	☐	☐	☐
10. Have you received any vaccinations in the past 4 weeks?	☐	☒	☐

FORM COMPLETED BY Matt Damato DATE 8/19/8
FORM REVIEWED BY _____ DATE _____

Did you bring your immunization record card with you? yes ☐ no ☒

It is important for you to have a personal record of your vaccinations. If you don't have a personal record, ask your healthcare provider to give you one. Keep this record in a safe place and bring it with you every time you seek medical care. Make sure your healthcare provider records all your vaccinations on it.



Auburn University Montgomery

School of Nursing

Hepatitis B Reminder

Date: 11/1/17

Dear Mr. Damato

Your second Hepatitis B vaccination is due on Nov. 30, 2017.
It is important that you continue your series within the recommended schedule to obtain the maximum effect from your vaccination.

In order to achieve maximum benefits, you should receive your vaccine no later than
Dec 14, 2017.

If you have received this immunization elsewhere, please submit a copy for our records.
If you wish to continue the series at the AUM Nursing Care Center, contact our clinic at 244-3281 to set up an appointment at your earliest convenience.

Thank you for allowing us to participate in the protection of your good health.

Sincerely,

Amy Morris, R.N., B.S.N., B.C.

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FORM COMPLETED BY Matt Damato

DATE 12/5/17

FORM REVIEWED BY _____

DATE _____

Did you bring your immunization record card with you?

yes ☐ no ☒

It is important for you to have a personal record of your vaccinations. If you don't have a personal record, ask your healthcare provider to give you one. Keep this record in a safe place and bring it with you every time you seek medical care. Make sure your healthcare provider records all your vaccinations on it.