

ADOLESCENT & ADULT IMMUNIZATION RECORD

CLINIC:

Name: Anna Ramsey

Date of birth: 5/1/95 Record #

Allergies:

Reactions:

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

Immunize

Vaccine	Date Admin			Age at the time	VIS Form Given			Mfruf Abbr#	Lot Number	Dose	Admin Site**	Route	Provider Initials*** or Outside Provider Name
	Mo	Day	Yr		Type	Mo	Yr						
Td					Td				LOT: 53P39 EXP: 02/12/20	cc		IM	
Td					Td				NDC 58-60-821-43	cc		IM	
Td					Td				Hepatitis B Vaccine (Recombinant) ENGERIX-B® 20 mcg/mL	cc		IM	
Td					Td					0.5cc		IM	
Tdap					Tdap				Attd. by GlaxoSmithKline Biologicals	cc		IM	
Hep B					Hep B				474430			IM	
Hep B					Hep B							IM	
Hep B					Hep B							IM	
Hep B (booster if needed)	12	5	17		Hep B	9	16	see above		1.0 cc	LD	IM	AM
MMR Rubella Rubeola					MMR					0.5cc		SQ	
MMR Rubella Rubeola	12	5	17		MMR			Merck		0.5cc	LA	SQ	AM
Varicella					Var								
Varicella					Var								
IPV					Polio								
IPV					Polio								
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:

AM - Amy Morris RN-BC