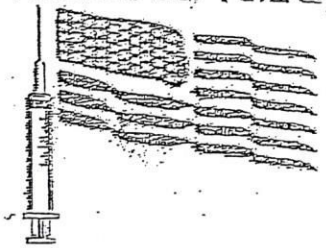


ADOLESCENT & ADULT IMMUNIZATION RECORD CLINIC:

Protect Our Future!



Name: Christopher Adams

Date of birth: 10/9/85 Record # _____

Allergies: PCW

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 Num	Dose	Admin Site**	Route	Provider NDC	EXP: 7RJ9B 11/18/18	or Name
	Mo	Day	Yr		Type	Mo	Yr								
Td					Td				70423 05/06/18	cc		IM	Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine, Adsorbed BOOSTRIX®		
Td					Td				NDC 38180-815-43	cc		IM			
Td					Td				Hepatitis A & Hepatitis B (Recombinant) Vaccine TWINRIX®	cc		IM			
Td					Td					0.5cc		IM			
Tdap	7	15	16		Tdap	2	15	65K		cc	LD	IM	AM		
Hep B + Hep A	7	15	16		Hep B	10	12	65K			RD	IM	AM		
Hep B + Hep A	8	16	16		Hep B	7	16	65K	70423 05/06/18		LD	IM	AM		
Hep B					Hep B				NDC 38180-815-43			IM			
Hep B (booster if needed)					Hep B				Hepatitis A & Hepatitis B (Recombinant) Vaccine TWINRIX®	0.5cc		IM			
MMR Rubella Rubeola					MMR					1ml		SQ			
MMR Rubella Rubeola					MMR					cc		SQ			
Varicella					Var					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: _____

***Provider Information

[illegible]

Tuberculin Test

[illegible]

Titer Test Results for Non Susceptibility (IgM)

Date			Disease	☒ Results		Notes
Mo	Day	Yr		Neg	Pos	

[illegible]