

ADOLESCENT & ADULT IMMUNIZATION RECORD

Clinic: _____

Name: Adrice DiggsDate of Birth: 7/6/02 Record #: _____

Allergies: _____ Reactions: _____

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

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	2	16	18	15	Tdap	2	15	Adacel® NDC 49281-400-50 L U5879AA E 13MAR20		0.5cc	LD	IM	AM
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: 2K374 EXP: 03/19/20	0.5cc		SQ	
IPV					Polio					0.5cc		SQ	
IPV					Polio				NDC 58169-825-43 Hepatitis A Vaccine HAVRIX®	0.5cc		SQ	
IPV					Polio					0.5cc		SQ	
PPV23					PPV				720 ELU/0.5 mL Mfd. by GlaxoSmithKline Biologicals	0.5cc		IM	
PPV23					PPV				474191	0.5cc		IM	
Hepatitis A	2	16	18	15	Hep A	7	16			0.5	RD	IM	AM
Hepatitis A	8	6	18	16	Hep A	7	16			0.5	LD	IM	MA
HPV					HPV				LOT: P2353 EXP: 11/21/20	0.5cc		IM	
HPV					HPV					0.5cc		IM	
HPV					HPV				NDC 58169-825-43 Hepatitis A Vaccine HAVRIX®	0.5cc		IM	
Influenza					Flu					0.5cc		IM	
Influenza					Flu				1440 ELU/mL Mfd. by GlaxoSmithKline Biologicals	0.5cc		IM	
Influenza					Flu					0.5cc		IM	
MCV4					Mening				474192			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]