

ADOLESCENT & ADULT IMMUNIZATION RECORD

CLINIC:

Name: Amber Brasher

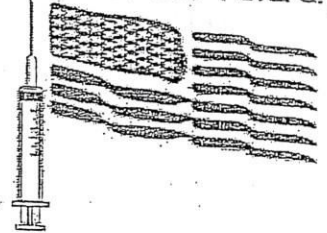
Date of birth: 9/18/1977 Record # _____

Allergies: NKA

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					0.5cc		IM	
Td					Td					0.5cc		IM	
Td					Td							IM	
Td					Td			Adacel®/NDC 49281-400-88 (L) U5263AA (E) 21 JAN 18				IM	
Tdap	12	11	15	38	Tdap	2	15	SP		0.5cc	RD	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					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					0.5cc		IM	
Hepatitis A					Hep A					0.5cc		IM	
HPV					HPV					0.5cc		IM	
HPV					HPV					0.5cc		IM	
HPV					HPV					0.5cc		IM	
Influenza	12	11	15	38	Flu	8	15	CSK		0.5cc	LD	IM	AM
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)

[illegible][illegible]

CLINIC:

Date of birth: / / Record #

Allergies: _____ Reactions: _____

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

Immuneze

LOT: B5592
EXP: 06/2017

NO: 58160-905-41

**Influenza
Vaccine**
FLUARIX® QUADRIVALENT
2016/2017 Formula

**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]