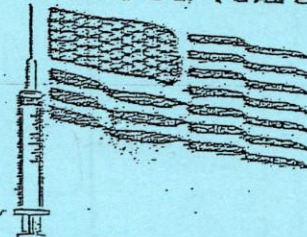


ADOLESCENT & ADULT IMMUNIZATION RECORD

CLINIC:

Protect Our Future!



Name: Justin Bryan

Date of birth: 2/2/87 Record # _____

Allergies: NKMA 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	Dose	Admin Site**	Route	Provider Initials*** or Outside Provider Name
	Mo	Day	Yr		Type	Mo	Yr						
Td					Td				7C423 EXP: 05/06/18	cc		IM	
Td					Td				NDC 58160-815-43	cc		IM	
Td					Td				Hepatitis A & Hepatitis B (Recombinant) Vaccine	0.5cc		IM	
Td					Td				TWINRIX®	1.0cc		IM	
Tdap					Tdap				Mfg by GlaxoSmithKline Biologicals	cc		IM	
Hep B + Hep A	7	19	16		Hep B	10	12	6SK	LOT: 2BA47 EXP: 09/27/18	cc	RT	IM	AM
Hep B + Hep A	8	19	16		Hep B	7	16	6SK	NDC 58160-815-43	cc	LD	IM	AM
Hep B					Hep B				Hepatitis A & Hepatitis B (Recombinant) Vaccine			IM	
Hep B (booster if needed)					Hep B				TWINRIX®			IM	
MMR Rubella Rubeola					MMR				Mfg by GlaxoSmithKline Biologicals	1 mL		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]