

ADOLESCENT & ADULT IMMUNIZATION RECORD

Clinic: _____

Name: Timothy M^OInnis

Date of Birth: 8/7/51 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 or Observer	Signature	Date
	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	4	18	18		Tdap	2	15			0.5cc	LD	IM			
Hep B + Hep A	4	18	18		Hep B	7	16			1.0	LD	IM			
Hep B + Hep A	5	18	18		Hep B	7	16			1.0	LD	IM			
Hep B + Hep A	10	26	18		Hep B	7	16			1.0	LD	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							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: _____