

Adult Immunization Record

This is an important document.
Please safeguard it for future reference.

Name _____

DOB _____ / _____ / _____
year month day

PHIN number _____

Record of Immunization

Type of Vaccine	Date Given (yyyy/mm/dd)	Initials	Date Given (yyyy/mm/dd)	Initials	Date Given (yyyy/mm/dd)	Initials
Tetanus, diphtheria, acellular pertussis (Tdap)						
Tetanus, diphtheria (Td) every 10 yrs						
Pneumococca Polysaccharide (Pneu-P-23)						
Influenza						
Other						
Other						
Other						

Record of Immunization

Type of Vaccine	Date Given (yyyy/mm/dd)	Initials	Date Given (yyyy/mm/dd)	Initials	Date Given (yyyy/mm/dd)	Initials
Other:	_/_/		_/_/		_/_/	
_____	_/_/		_/_/		_/_/	
_____	_/_/		_/_/		_/_/	
_____	_/_/		_/_/		_/_/	
_____	_/_/		_/_/		_/_/	
_____	_/_/		_/_/		_/_/	
_____	_/_/		_/_/		_/_/	
_____	_/_/		_/_/		_/_/	
_____	_/_/		_/_/		_/_/	
_____	_/_/		_/_/		_/_/	
_____	_/_/		_/_/		_/_/	
_____	_/_/		_/_/		_/_/	
_____	_/_/		_/_/		_/_/	
_____	_/_/		_/_/		_/_/	

TB Skin Test

	Date planted (yyyy/mm/dd)	Lot number	Dose/ Route/ Site	Initial
Step 1				
Step 2				
	Date Read (yyyy/mm/dd)	Pos. (mm)	Neg. (mm)	Initial
Step 1				
Step 2				

B.C.G. – Date: _____/_____/_____ (if known)
(yyyy/mm/dd)

B.C.G. scar present Yes No

Comments: _____

