

To order cards and view image, go to  
[www.immunize.org/adultzcards/index.htm](http://www.immunize.org/adultzcards/index.htm)

	Dose (units)	Type of vaccine	Date given mo/day/yr	Health professional or clinic	Date next dose due
Hep B			1		
			2		
			3		
Hep A			1		
			2		
If combo*					
Combination vaccines should always be documented under each antigen.					
MMR <small>A second dose may be needed in some people</small>			1		
			2		
Varicella (chickenpox)			1		
			2		
Td (Tetanus, diphtheria)					

**ADULT IMMUNIZATION RECORD**

Always carry this record with you and have your health professional or clinic keep it up to date.

Last name: \_\_\_\_\_ M.I. \_\_\_\_\_

Birthdate:  -  -   
(mo) (day) (yr)

First name: \_\_\_\_\_

Printed by Immunization Action Coalition • [www.immunize.org](http://www.immunize.org)

  

	Type of vaccine	Date given mo/day/yr	Health professional or clinic	Date next dose due
Pneumococcal <small>A second dose may be needed for those at risk</small>				
Influenza				
Other				

Last name: \_\_\_\_\_ M.I. \_\_\_\_\_

First name: \_\_\_\_\_

Telephone number: ( ) - -

Medical notes: \_\_\_\_\_

Item #R2005 (4/03)

To learn more about vaccines, visit [www.vaccineinformation.org](http://www.vaccineinformation.org) & [www.immunize.org](http://www.immunize.org)