ADULT IMMUNIZATION RECORD

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

Last name First name M.I.

Birthdate: (mo.) – (day) – (yr.)

Patient Number:

Printed by Immunization Action Coalition, Saint Paul, MN
www.immunize.org • www.vaccineinformation.org

Vaccine	Type of vaccine	Date given mo/day/yr	Healthcare professional or clinic	Date next dose due
Hepatitis B (HepB, HepA-HepB)				
Hepatitis A (HepA, HepA-HepB)				
If combo				
Measles, Mumps, Rubella (MMR)				
Varicella (VAR) (chickenpox)				
Zoster (shingles)				
Tetanus, Diphtheria, (Pertussis) (Td, Tdap)				