

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:

Immunization Action Coalition • Saint Paul, Minn. • www.immunize.org
To order additional record cards, visit www.immunize.org/shop Item #R2005 (10/18)

Vaccine	Type of vaccine	Date given mo/day/yr	Healthcare professional or clinic name	Date next dose due
Hepatitis B Engerix-B, Recombivax HB, Heplisav-B; Twinrix (HepA-HepB)				
Hepatitis A HepA, HepA-HepB				
If combo				
Measles, Mumps, Rubella MMR				
Varicella (chickenpox) Var				
Zoster (shingles) Shingrix (RZV) Zostavax (ZVL)				
Tetanus, Diphtheria, Pertussis (whooping cough) Tdap, Td				