# Lifetime 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: (month) – (day) – (year)

Patient Number:

Immunization Action Coalition • Saint Paul, Minn. • www.immunize.org

To order additional record cards, visit www.immunize.org/shop Item #R2004 (8/19)

Medical notes (e.g., allergies, vaccine reactions):

Healthcare provider: List the mo/day/yr for each vaccination given. Record the generic abbreviation (e.g., PCV13, DTaP-HepB-IPV) or the trade name. For combination vaccines, fill in a row for each separate antigen in the combination.

| Vaccine | Type of vaccine | Date given mo/day/yr | Healthcare professional or clinic name | Date next dose due |
|---|---|---|---|---|
| Hepatitis B<br>HepB, DTaP-HepB-IPV, Heplisav-B; HepA-HepB | | | | |
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| Diphtheria, Tetanus, Pertussis (whooping cough)<br>DTaP, DTP, DT, Tdap, Td, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV, DTaP/Hib | | | | |
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| Influenza<br>IIV, RIV, LAIV | | | | |
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| Other | | | | |
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To learn more about vaccines, visit www.vaccineinformation.org and www.immunize.org