# Lifetime Immunization Record

![Image of a lifetime immunization record form]

## Instructions
- **To learn more about vaccines,** visit www.vaccineinformation.org and www.immunize.org.
- **Medical notes (e.g., allergies, vaccine reactions):**
- **Immunization Action Coalition**
  - Saint Paul, Minn.
  - www.immunize.org
- **To order additional record cards,** visit www.immunize.org/shop.

## Fields
- **Patient Number:**
- **Name:**
  - Last name
  - First name
  - M.I.
- **Date of Birth:** (month) (day) (year)

## Vaccine Information
### Type of vaccine
- Influenza (IIV, RIV, LAIV)
- Diphtheria, Tetanus, Pertussis (whooping cough)
- DTaP, DTP, DT, Tdap, Td
- Hepatitis B
- HepB, DTaP-HepB-IPV, Heplisav-B; HepA-HepB

### Date given
- mo/day/yr

### Healthcare professional
- or clinic name

### Date next dose due

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

## Notes
- Fill in a row for each separate antigen in the combination.
- Abbrivation (e.g., PCV13, DTaP-HepB-IPV) or the trade name. For combination vaccines, fill in a row for each separate antigen in the combination.
- 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.

## Additional Information
- Always carry this record with you and have your healthcare professional or clinic keep it up to date.
- Visit www.immunize.org to learn more about vaccines.