

# Adult Immunization Record

This is an important document  
Please safeguard it for  
future reference.

Name \_\_\_\_\_

DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
year month day

PHIN number \_\_\_\_\_

## Record of Immunization

Type of Vaccine	Date Given (yyyy/mm/dd)	Initials	Date Given (yyyy/mm/dd)	Initials	Date Given (yyyy/mm/dd)	Initials
Tetanus, diphtheria (Td) every 10 yrs						
MMR-Red Measles, Mumps, Rubella (German Measles)						
Pneumococcal Polysaccharide (Pneu-P-23)						
Influenza						
Other						
Other						
Other						

## Record of Immunization

Type of Vaccine	Date Given (yyyy/mm/dd)	Initials	Date Given (yyyy/mm/dd)	Initials	Date Given (yyyy/mm/dd)	Initials
Other:	_ / _ / _		_ / _ / _		_ / _ / _	
_____	_ / _ / _		_ / _ / _		_ / _ / _	
_____	_ / _ / _		_ / _ / _		_ / _ / _	
_____	_ / _ / _		_ / _ / _		_ / _ / _	
_____	_ / _ / _		_ / _ / _		_ / _ / _	
_____	_ / _ / _		_ / _ / _		_ / _ / _	
_____	_ / _ / _		_ / _ / _		_ / _ / _	
_____	_ / _ / _		_ / _ / _		_ / _ / _	
_____	_ / _ / _		_ / _ / _		_ / _ / _	
_____	_ / _ / _		_ / _ / _		_ / _ / _	
_____	_ / _ / _		_ / _ / _		_ / _ / _	

## TB Skin Test

	Date planted (yyyy/mm/dd)	Lot number	Dose/ Route/ Site	Initial
Step 1				
Step 2				
	Date Read (yyyy/mm/dd)	Pos. (mm)	Neg. (mm)	Initial
Step 1				
Step 2				

B.C.G. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (if known)  
(yyyy/mm/dd)

B.C.G. scar present  Yes  No

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_