

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.

mo	day	yr
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Birthdate

Patient Number

To learn more about vaccines, visit
www.vaccinateindiana.org



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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)				

Get a flu vaccine every year.
Pregnant women should also receive
the flu vaccine every year.

**Protect yourself.
Protect your loved ones.**



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

Healthcare provider: List the mo/day/yr for each vaccination given. For combination vaccines, fill in a row for each separate antigen in the combination.
(1/1/12)

Vaccine	Type of vaccine	Date given mo/day/yr	Healthcare professional or clinic	Date next dose due
Pneumococcal (PPSV23, PCV13)				
Influenza (TIV, LAIV)				
Human Papillomavirus (HPV4 [Gardasil], HPV2 [Cervarix])				
Meningococcal (MCV4 [Menactra, Menveo]; MPSV4 [Menomune])				
Other				