Adult Immunization Record and History

PATIENT NAME (Last Name, First Name, Middle Initial)

🗆 Male

NUMBER

PRACTICE NAME/ADDRESS

BIRTHDATE

🗆 Female KNOWN REACTIONS TO VACCINES/ALLERGIES

If a combination vaccine (e.g., HepB + HepA) is used, record dose in each section.

it hysen displayed displa	VACCINE Circle one	DATE GIVEN*	MANUFACTURER AND LOT NUMBER	ADMINIS- TERED BY	SITE VIS I.D.†	VACCINE	DATE GIVEN*	MANUFACTURER AND LOT NUMBER	ADMINIS- TERED BY	SITE ^{**} VIS I.D.†	
TridepTid MMR 2 MMR 2 MMR 2 Mmm 2					IM	MMR 1				SC	
Tdop/Td MPSV3 MPSV3 MPSV3 MPSV3 MPSV3 MPSV3 MPSV3 10 year α' α					IM	MMR 2				SC	
ID yeard Tdop/Td Image: Marcine	10 year Tdap/Td				IM	MPSV4				IM or SC	
Production Varicella 1 Varicella 1 Varicella 1 Varicella 1 Varicella 1 Varicella 2 Varicella 2 Varicella 2 Sc HepA 1 Mathematical Mathematical Mathematical Mathematical Sc Sc HepA 2 Mathematical Mathematical Sc Sc Sc HepB 1 Mathematical Mathematical St Sc Sc HepB 2 Mathematical Mathematical Mathematical Sc Sc HepB 3 Mathematical Mathematical Mathematical Sc Sc Sc HepB 3 Mathematical Mathematical Mathematical Sc Sc Sc Sc HepB 3 Mathematical Mathematical Mathematical Sc Sc Sc Sc Sc Sc Sc					IM						
HepA 1 Image: Control of the contre control of the contre control of the control					IM or SC	Varicella 1				sc	
HepA 1 Image: Check here if patient had chickenpox disease and does not need vaccine. HepA 2 M Shingles Signature HepB 1 M Shingles State of the second sec						Varicella 2				SC	
HepA 2 Image in the set of the set o	НерА 1				IM	Check here if patient had chickenpox disease and does not need vaccine.					
HepB 1 Image: Constraint of the constr	НерА 2				IM	Shingles				SC	
HepB 2 Image: set of the	НерВ 1				IM	TRAVEL/OTHER VACCINES					
HepB 3 Image: second secon	HepB 2				IM						
(for women only) I/A I/A I/A I/A I/A HPV 2 ³ (for women only) I/A I/A I/A I/A I/A HPV 3 ⁴ (for women only) I/A I/A I/A I/A I/A HPV 3 ⁴ (for women only) I/A I/A I/A I/A I/A HPV 3 ⁴ (for women only) I/A I/A I/A I/A I/A IVI/LAIV (Filu) I/A I/A I/A I/A I/A I/A TIV/LAIV (Filu) I/A I/A I/A I/A I/A I/A I/A TIV/LAIV (Filu) I/A <	НерВ 3				IM						
(for women only) IM HPV 3 ⁵ (for women only) IM (for women only) IM TIV/LAIV (Flu) IMMsad TIV/LAIV (Flu)	(for women				IM						
(for women only) Implementation only Implementation only Implementation only Implementation on only Implementation only Implementation on o	(for women				IM						
Inv/LAIV (Flu) Implementation Imple	(for women				IM						
IV/LAIV (Fiu) * Date Given is the date you gave the patient the Vaccine Information Statement (VIS) and you administered the vaccine. If you are recording a vaccine given elsewhere, record date dose was given, write in "elsewhere" or "transcribed," and/or name of provider. TIV/LAIV (Fiu) ////Nasa/ IV//Nasa/ ////Nasa/ IV//Nasa/ \$ Human Papillomavirus (HPV) 3 doses for women through age 26 years. TIV/LAIV (Fiu) ////Nasa/					IM/Nasal						
TIV/LAIV (Flu) IM/Nasal istered the vaccine. If you are recording a vaccine given elsewhere, record date dose was given, write in "elsewhere" or "transcribed," and/or name of provider. TIV/LAIV (Flu) IM/Nasal istered the vaccine. If you are recording a vaccine given elsewhere, record date dose was given, write in "elsewhere" or "transcribed," and/or name of provider. TIV/LAIV (Flu) IM/Nasal istered the vaccine. If you are recording a vaccine given elsewhere, record date dose was given, write in "elsewhere" or "transcribed," and/or name of provider. TIV/LAIV (Flu) IM/Nasal im/Minasal IM/Nasal IM/Nasal ** Site: Abbreviations.) Recommended route indicated by italics. Most adult vaccines are given IM (intramuscular) in the deltoid. MMR, Varicella, and MPSV4 vaccines are given SC (subcuta- neous) in the fatty tissue of outer upper arm. MCV4 is given IM (intramuscular). Pneumococcal Polysaccharide can be given either IM or SC. TIV/LAIV (Flu) IM/Nasal § Human Papillomavirus (HPV) 3 doses for women through age 26 years. TIV/LAIV (Flu) IM/Nasal tVIS—Vaccine Information Statement. Each VIS has an issue date in the lower corner; record the VIS issue date here. The VIS should be given to the patient before each dose of vaccine is administered; they are required by law for Td, HepB, MMR, and Varicella. Each VIS can be downloaded from					IM/Nasal						
TIV/LAIV (Flu) IMI/Nasal arm. (See over for illustrations.) Recommended route indicated by italics. Most adult vaccines are given IM (intramuscular) in the deltoid. MMR, Varicella, and MPSV4 vaccines are given SC (subcuta- neous) in the fatty tissue of outer upper arm. MCV4 is given IM (intramuscular). Pneumococcal Polysaccharide can be given either IM or SC. TIV/LAIV (Flu) IMI/Nasal § Human Papillomavirus (HPV) 3 doses for women through age 26 years. TIV/LAIV (Flu) IMI/Nasal t VIS—Vaccine Information Statement. Each VIS has an issue date in the lower corner; record the VIS issue date here. The VIS should be given to the patient before each dose of vaccine is administered; they are required by law for Td, HepB, MMR, and Varicella. Each VIS can be downloaded from					IM/Nasal	istered the vaccine. If you are recording a vaccine given elsewhere, record date dose was given, write in "elsewhere" or "transcribed," and/or name of provider.					
TIV/LAIV (Flu) I///Nasal Polysaccharide can be given either IM or SC. TIV/LAIV (Flu) I///Nasal \$ Human Papillomavirus (HPV) 3 doses for women through age 26 years. TIV/LAIV (Flu) I///Nasal I///Nasal					IM/Nasal	arm. (See over for illustrations.) Recommended route indicated by italics. Most adult vaccines are given IM (intramuscular) in the deltoid. MMR, Varicella, and MPSV4 vaccines are given SC (subcuta-					
(Flu) issue date here. The VIS should be given to the patient before each dose of vaccine is administered; they are required by law for Td, HepB, MMR, and Varicella. Each VIS can be downloaded from					IM/Nasal	Polysaccharide can be given either IM or SC.					
					IM/Nasal	issue date here. The VIS should be given to the patient before each dose of vaccine is administered; they are required by law for Td, HepB, MMR, and Varicella. Each VIS can be downloaded from					

Adult Immunization Record and History, continued

VACCINE	DATE GIVEN*	MANUFACTURER AND LOT NUMBER	ADMINIS- TERED BY	SITE ^{**} VIS I.D.†	VACCINE	DATE GIVEN*	MANUFACTURER AND LOT NUMBER	ADMINIS- TERED BY	SITE** VIS I.D.†
TIV/LAIV (Flu)				IM/Nasal					
TIV/LAIV (Flu)				IM/Nasal					
TIV/LAIV (Flu)				IM/Nasal					
TIV/LAIV (Flu)				IM/Nasal					
TIV/LAIV (Flu)				IM/Nasal					
TIV/LAIV (Flu)				IM/Nasal					
TIV/LAIV (Flu)				IM/Nasal					
TIV/LAIV (Flu)				IM/Nasal					
TIV/LAIV (Flu)				IM/Nasal					
TIV/LAIV (Flu)				IM/Nasal					
TIV/LAIV (Flu)				IM/Nasal					
TIV/LAIV (Flu)				IM/Nasal					
TIV/LAIV (Flu)				IM/Nasal					
TIV/LAIV (Flu)				IM/Nasal					
TIV/LAIV (Flu)				IM/Nasal					

If a combination vaccine (e.g., HepB + HepA) is used, record dose in each section.

IM in Deltoid



90° angle 1" or longer needle

SC in Outer Arm



45° angle ⁵/8" needle