

Adult Immunization Record and History

PATIENT NAME (Last Name, First Name, Middle Initial)		NUMBER
BIRTHDATE	<input type="checkbox"/> Male <input type="checkbox"/> Female	PRACTICE NAME/ADDRESS
KNOWN REACTIONS TO VACCINES/ALLERGIES		

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

VACCINE Circle one	DATE GIVEN*	MANUFACTURER AND LOT NUMBER	ADMINIS- TERED BY	SITE **	VACCINE	DATE GIVEN*	MANUFACTURER AND LOT NUMBER	ADMINIS- TERED BY	SITE**
				VIS I.D.†					VIS I.D.†
10 year Tdap/Td				<i>IM</i>	MMR 1				<i>SC</i>
10 year Tdap/Td				<i>IM</i>	MMR 2				<i>SC</i>
10 year Tdap/Td				<i>IM</i>	MCV4/ MPSV4 <small>(meningococcal)</small>				<i>IM or SC</i>
10 year Tdap/Td				<i>IM</i>					
PPSV23/ PCV13				<i>IM or SC</i>	Varicella 1				<i>SC</i>
					Varicella 2				<i>SC</i>
HepA 1				<i>IM</i>	<input type="checkbox"/> Check here if patient had chickenpox disease and does not need vaccine.				
HepA 2				<i>IM</i>	Shingles				<i>SC</i>
HepB 1				<i>IM</i>	TRAVEL/OTHER VACCINES				
HepB 2				<i>IM</i>					
HepB 3				<i>IM</i>					
HPV 1[§]				<i>IM</i>					
HPV 2[§]				<i>IM</i>					
HPV 3[§]				<i>IM</i>					

Travel/Other Vaccines continued on back

Abbreviation Trade Name & Manufacturer

- Tdap** Adacel (sanofi); Boostrix (GSK)
- Td** Decavac (sanofi); Tenvirac (sanofi); Generic (Massachusetts Biological Labs)
- PCV13** Prevnar 13 (Wyeth)
- PPSV23** Pneumovax 23 (Merck)
- Hep A** Havrix (GSK); Vagta (Merck)
- Hep A-Hep B** Twinrix (GSK)
- Hep B** Engerix-B (GSK); Recombivax HB (Merck)
- HPV2** Cervarix (GSK)
- HPV4** Gardasil (Merck)
- MMR** M-M-R II (Merck)
- MCV4** Menactra (sanofi); Menveo (Novartis)
- MPSV4** Menomune (sanofi)
- Varicella** Varivax (Merck)
- Shingles** Zostavax (Merck)

Influenza continued on back

* **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.

** **Site:** Abbreviations are LD=left deltoid or left outer upper arm, RD=right deltoid or right outer upper 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 (subcutaneous) in the fatty tissue of outer upper arm. MCV4 is given IM (intramuscular). PPSV23 can be given either IM or SC. PCV13 vaccines are given IM.

§ **Human Papillomavirus (HPV)** 3 doses for women and men through age 26 years.

† **VIS**—Vaccine Information Statement. Each VIS has an issue date in the lower corner; record the VIS issue date here. By law, VIS should be given to the patient before each dose of vaccine is administered (PPSV23 and Shingles VIS are not required). Each VIS can be downloaded from www.immunize.org/vis.

