

ADULT IMMUNIZATIONS RECORD

Dose Number	Date	Manufacturer	Lot Number	Dose	Route	Site	VIS Edition (Date or N/A)	Name/Rate/Rank of Person Administering	Signature	MTF or Other Facility
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Anthrax

Chickenpox (Varicella)

Hepatitis A

Hepatitis B

Hepatitis A/B Combo (TWINRIX)

Human Papillomavirus

Influenza

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; SSN; Sex; Date of Birth; Rank/Grade.)

HOSPITAL OR MEDICAL FACILITY	STATUS
DEPARTMENT / SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN
RELATIONSHIP TO SPONSOR	

ADULT IMMUNIZATIONS RECORD (continued)

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Japanese Encephalitis										
Meningococcal										
Measles / Mumps / Rubella										
Pneumococcal										
Poliovirus (OPV)										
Poliovirus (IPV)										
Rabies										
Smallpox (Vaccinia)										
Tetanus-Diphtheria (Td)										
Tetanus-Diphtheria-Pertussis (Tdap)										

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Typhoid, Oral (TY 21a)

Typhoid, Parenteral (Vi-CPS)

Yellow Fever

Other

Tuberculosis Sensitivity Test

Date Placed	Type	Dose	Route	Site	Results	Date Read	Reader	Signature

Remarks

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