

## ADULT IMMUNIZATIONS RECORD

Dose number	Date	Manu- facturer	Lot #	Dose	Route	Site	VIS edition (date or n/a)	Name/rank of person administering	Initials	MTF or other facility
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**Anthrax**


**Hepatitis A**


**Hepatitis B**


**Influenza**


**Japanese Encephalitis**


**Meningococcal**

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**MMR**


**Pneumococcal**

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**Polio (IPV)**

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

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

### ADULT IMMUNIZATIONS RECORD (continued)

Dose number	Date	Manu- facturer	Lot #	Dose	Route	Site	VIS edition (date or n/a)	Name/rank of person administering	Initials	MTF or other facility
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**Tetanus-Diphtheria (Td)**


**Typhoid, Oral Series (Ty 21a)**


**Typhoid, Parenteral (Vi-CPS)**


**Varicella**


**Yellow Fever**


**Other**


**Remarks**

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**Sensitivity Tests**

Date placed	Type	Dose	Route	Site	Results	Reader

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