

Healthcare Provider: List the mo/day/yr for each vaccination given. Record the generic abbreviation (e.g. PCV7, DTaP-IPV/Hib), not the trade name. For combination vaccines, fill in a row for each separate antigen in the combination.
Medical Notes (e.g. allergies, vaccine reactions):

## 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.

Birthdate

Vaccine	Type of Vaccine	Date Given mm/dd/yy	Healthcare Professional or Clinic	Date Next Dose Due
Influenza				
COVID-19				
Pneumococcal (PCV15, PCV20, PPSV23)				
Td/Tdap (Tetanus, diphtheria, pertussis)				
Zoster (Shingles)				
Respiratory Syncytial Virus (RSV)				
Other				