## Adult Immunization: Record

Last Name: $\qquad$ First Name:

MI: $\qquad$ DOB: $\qquad$
This immunization record is based on CDC recommendations for people aged 65 and over.
Bring this immunization record with you to all healthcare appointments.

| Vaccine | Manufacturer | Lot \# | Date | Healthcare Provider/Clinic Site |
| :---: | :---: | :---: | :---: | :---: |
| COVID-19 |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Pneumococcal conjugate (PCV15 or PCV20) |  |  |  |  |
| Pneumococcal polysaccharide (PPSV23) |  |  |  |  |
| Tetanus, Diptheria, Pertussis (e.g., Tdap, Td) |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Hepatitis A |  |  |  |  |
|  |  |  |  |  |
| Hepatitis B |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Varicella (chickenpox) |  |  |  |  |
|  |  |  |  |  |
| Meningococcal A |  |  |  |  |
|  |  |  |  |  |
| Meningococcal B |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Haemophilus influenzae |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |


| Vaccine <br> Zoster <br> (Shingles) | Manufacturer | Lot \# | Date | Healthcare Provider/Clinic Site |
| :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |

*MMR Recommendations for healthcare personnel only.

## Resources:

- https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html\#note-mmr
- Vaccine Information for Adults

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