



Healthcentric
Advisors
Qlarant

QIN-QIO
Quality Innovation Network -
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
QUALITY IMPROVEMENT & INNOVATION GROUP



Adult Immunization: Record

Last Name: _____ First Name: _____ MI: _____ DOB: _____

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, Diphtheria, Pertussis (e.g., Tdap, Td)				
Hepatitis A				
Hepatitis B				
Varicella (chickenpox)				
Meningococcal A				
Meningococcal B				
Haemophilus influenzae				

Vaccine	Manufacturer	Lot #	Date	Healthcare Provider/Clinic Site
Zoster (Shingles)				
Influenza (flu)				
Respiratory Syncytial Virus (RSV)				
Other				

*MMR Recommendations for healthcare personnel only.

Resources:

- <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html#note-mmr>
- [Vaccine Information for Adults](#)