





## **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, Diptheria, Pertussis (e.g., Tdap, Td)				
Honotitic A				
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				

<sup>\*</sup>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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