ADULT IMMUNIZATIONS RECORD

Dose Number	Date	Manufacturer	Lot Number	Dose	Route	Site	VIS Edition (Date or N/A)	Name/Rate/Rank of Person Administering	Signature	MTF or Other Facility
Anthrax										
Chickenpox (Varicella)										
Hepatitis A										
Hepatitis B										
Hepatitis A/B Combo (TWINRIX)										
Human Papillomavirus										
Influenza										

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

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

ADULT IMMUNIZATIONS RECORD (continued)

Dose Number	Date	Manufacturer	Lot Number	Dose	Route	Site	VIS Edition (Date or N/A)	Name/Rate/Rank of Person Administering	Signature	MTF or Other Facility
Japanese Encephalitis										
Meningococcal										
Measles / Mumps / Rubella										
Pneumococcal										
Poliovirus (OPV)										
Poliovirus (IPV)										
Rabies										
Smallpox (Vaccinia)										
Tetanus-Diptheria (Td)										
Tetanus-Diptheria-Pertussis (Tdap)										

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ADULT IMMUNIZATIONS RECORD (continued)

Dose Number	Date	Manufacturer	Lot Number	Dose	Route	Site	VIS Edition (Date or N/A)	Name/Rate/Rank of Person Administering	Signature	MTF or Other Facility
Typhoid, Oral (TY 21a)										
Typhoid, Parenteral (Vi-CPS)										
Yellow Fever										
Other										

Tuberculosis Sensitivity Test

Date Placed	Type	Dose	Route	Site	Results	Date Read	Reader	Signature

Remarks

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

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