

LIFETIME IMMUNIZATION RECORD

Always carry this record with you and have your healthcare professional or clinic keep it up to date.

_____ M.I.

Last name

First name

M.I.

Birthdate: -

(mo.)

(day)

-

(yr.)

Patient

Number: _____

Immunization Action Coalition • Saint Paul, MN • www.immunize.org

To order additional record cards, visit www.immunize.org/shop

Medical notes (e.g., allergies, vaccine reactions):

Healthcare provider: List the mo/day/yr for each vaccination given. Record the generic abbreviation (e.g., PCV13, DTaP-IPV/Hib), or the trade name. For combination vaccines, fill in a row for each separate antigen in the combination.

Item #R2004 (8/12)

Vaccine	Type of vaccine	Date given mo/day/yr	Healthcare professional or clinic name	Date next dose due
Hepatitis B (HepB, Hib-HepB, DTaP-HepB-IPV, HepA-HepB)				
Diphtheria, Tetanus, Pertussis (whooping cough) (DTaP, DTP, DT, Td, Tdap, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV, DTaP/Hib)				
Influenza (TIV, LAIV)				
To learn more about vaccines, visit www.vaccineinformation.org and www.immunize.org				

_____|_____|_____
(mo.) | (day) | (yr.)

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H. influenzae type b (Hib, Hib-HepB, DTaP-IPV/Hib, DTaP/Hib, MenCY-Hib)				
Polio (IPV, OPV, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV)				
Pneumococcal (PCV7, PCV13, PPSV23)				
Rotavirus (RV5 [RotaTeq], RV1 [Rotarix], RV [unknown])				

Vaccine	Type of vaccine	Date given mo/day/yr	Healthcare professional or clinic name	Date next dose due
Measles, Mumps, Rubella (MMR, MMRV)				
Varicella (chickenpox) (VAR, MMRV)				
Hepatitis A (HepA, HepA-HepB)				
----- If combo				
Meningococcal (MCV4, MPSV4, MenCY-Hib)				
Human papillomavirus (HPV4 [Gardasil], HPV2 [Cervarix])				
Zoster (shingles)				
Other				
Other				
Get vaccinated against influenza each year to protect yourself and others around you.				