

Adult Immunization Record

Important Instructions (refer to the NS Adult Immunization Schedule)

Complete this form and keep as the patient record. Provide a copy to the patient. Provide a copy to Public Health Services in one of the following ways:



Fax: (902) 481-8928



Mail: Immunization Program – PHS, 7 Mellor Ave., Unit 5, Dartmouth, NS B3B 0E8

Patient Information/Client Profile

Last Name	First Name	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
Health Card Number	Date of Birth (yyyy/mm/dd) Year Month Day	College/University
Family Physician and Telephone Number		Postal Code

IMMUNIZATIONS GIVEN

Document immunization history, please note if source is not current provider. Some vaccines recommended for adults are not publicly funded, ie. vaccines for travel, school, employment. Please refer to high-risk populations and publicly funded vaccines, or contact public health with questions about eligibility.

Age Due	Date Given (yy/mm/dd)	Vaccine	Trade Name	Lot Number	Site	Rte	Dose	Given By
>22 yrs		Tdap (one dose)						
q 10 yrs		Adult Booster (ie. Td)						
Annually		Influenza						
>65 yrs		Pneumococcal Polysaccharide (one dose)						
Travel		IPV (one dose)						
Other								
Other								
Other								
Other								
Other								
Other								
Other								
Other								
Other								
Other								
Other								
Other								
Other								
Other								
Other								
Other								

Suggestion for Reporting to Public Health:

- Send copy of record following 65 year visit
 Send copy of record following travel, school or employment series vaccines

Signature of Provider:

Office Information: