

Immunization Record Form

Patient information					
Name:			Date of birth:		
Sex: Male		Female	Patient ID:		
<i>Use the following abbreviation for the site of administration column: RA: Right arm LA: Left arm RT: Right thigh LT: Left thigh</i>					
Vaccine	Type of vaccine/batch	Date given	Site of administration	Vaccinator Signature/initials	
Tetanus, diphtheria, pertussis <i>(e.g., Tdap, Td)</i>					
	Notes:				
Vaccine	Type of vaccine/batch	Date given	Site of administration	Vaccinator Signature/initials	
Hepatitis A <i>(e.g., HepA, HepA-HepB)</i>					
	Notes:				
Vaccine	Type of vaccine/batch	Date given	Site of administration	Vaccinator Signature/initials	
Hepatitis B <i>(e.g., HepB, HepA-HepB)</i>					
	Notes:				

Vaccine	Type of vaccine/batch	Date given	Site of administration	Vaccinator Signature/initials
Human papillomavirus (HPV)				
	Notes:			
Vaccine	Type of vaccine/batch	Date given	Site of administration	Vaccinator Signature/initials
Measles, mumps, rubella (MMR)				
	Notes:			
Vaccine	Type of vaccine/batch	Date given	Site of administration	Vaccinator Signature/initials
Varicella (VAR)				
	Notes:			
Vaccine	Type of vaccine/batch	Date given	Site of administration	Vaccinator Signature/initials
Meningococcal ACWY (MenACWY)				
	Notes:			

Vaccine	Type of vaccine/batch	Date given	Site of administration	Vaccinator Signature/initials
Meningococcal B <i>(e.g., MenB-4C, MenB-FHbp)</i>				
	Notes:			
Vaccine	Type of vaccine/batch	Date given	Site of administration	Vaccinator Signature/initials
Pneumococcal conjugate <i>(PCV)</i>				
	Notes:			
Vaccine	Type of vaccine/batch	Date given	Site of administration	Vaccinator Signature/initials
Pneumococcal polysaccharide				
	Notes:			
Vaccine	Type of vaccine/batch	Date given	Site of administration	Vaccinator Signature/initials
Influenza <i>(IIV, ccIIV, RIV, LAIV)</i>				
	Notes:			

Vaccine	Type of vaccine/batch	Date given	Site of administration	Vaccinator Signature/initials
Zoster <i>(shingles)</i>				
	Notes:			

Vaccine	Type of vaccine/batch	Date given	Site of administration	Vaccinator Signature/initials
COVID-19 <i>(e.g., COV-mRNA; COV-aPS)</i>				
	Notes:			

Vaccine	Type of vaccine/batch	Date given	Site of administration	Vaccinator Signature/initials
Hib				
	Notes:			

Vaccine	Type of vaccine/batch	Date given	Site of administration	Vaccinator Signature/initials
RSV				
	Notes:			

Vaccine	Type of vaccine/batch	Date given	Site of administration	Vaccinator <i>Signature/initials</i>
Other				
	Notes:			

Additional notes