

Immunization Record Form

| Patient information | | | | |
|--|-----------------------|------------|------------------------|-------------------------------|
| Name: | | | Date of birth: | |
| Sex: Male | | Female | Patient ID: | |
| <p><i>Use the following abbreviation for the site of administration column: RA: Right arm LA: Left arm RT: Right thigh LT: Left thigh</i></p> | | | | |
| Vaccine | Type of vaccine/batch | Date given | Site of administration | Vaccinator Signature/initials |
| Tetanus, diphtheria, pertussis <i>(e.g., Tdap, Td)</i> | | | | |
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| | Notes: | | | |
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| Vaccine | Type of vaccine/batch | Date given | Site of administration | Vaccinator Signature/initials |
| Hepatitis A <i>(e.g., HepA, HepA-HepB)</i> | | | | |
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| | Notes: | | | |
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| Vaccine | Type of vaccine/batch | Date given | Site of administration | Vaccinator Signature/initials |
| Hepatitis B <i>(e.g., HepB, HepA-HepB)</i> | | | | |
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| | Notes: | | | |
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| Vaccine | Type of vaccine/batch | Date given | Site of administration | Vaccinator Signature/initials |
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| Human papillomavirus (HPV) | | | | |
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| | Notes: | | | |
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| Vaccine | Type of vaccine/batch | Date given | Site of administration | Vaccinator Signature/initials |
| Measles, mumps, rubella (MMR) | | | | |
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| | Notes: | | | |
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| Vaccine | Type of vaccine/batch | Date given | Site of administration | Vaccinator Signature/initials |
| Varicella (VAR) | | | | |
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| | Notes: | | | |
| Vaccine | Type of vaccine/batch | Date given | Site of administration | Vaccinator Signature/initials |
| Meningococcal ACWY (MenACWY) | | | | |
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| | Notes: | | | |
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| Vaccine | Type of vaccine/batch | Date given | Site of administration | Vaccinator Signature/initials |
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| Meningococcal B (e.g., <i>MenB-4C</i> , <i>MenB-FHbp</i>) | | | | |
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| | Notes: | | | |
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| Vaccine | Type of vaccine/batch | Date given | Site of administration | Vaccinator Signature/initials |
| Pneumococcal conjugate (PCV) | | | | |
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| | Notes: | | | |
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| Vaccine | Type of vaccine/batch | Date given | Site of administration | Vaccinator Signature/initials |
| Pneumococcal polysaccharide | | | | |
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| | Notes: | | | |
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| Vaccine | Type of vaccine/batch | Date given | Site of administration | Vaccinator Signature/initials |
| Influenza (IIV, ccIIV, RIV, LAIV) | | | | |
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| | Notes: | | | |
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| Vaccine | Type of vaccine/batch | Date given | Site of administration | Vaccinator Signature/initials |
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| Zoster <i>(shingles)</i> | | | | |
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| | Notes: | | | |

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