ADULT IMMUNIZATION RECORD  Always carry this record with you and have your health care professional or clinic keep it up to date.																		
Last name  Birthdate:  (mo.)  (day)  (yr.)  Patient Number:  Immunization Action Coalition • Saint Paul, Minn.• www.immunize.org To order additional record cards, visit www.immunize.org/shop  Item #R2005 (9/15)															5)			
Date next dose due																		
Health care professional or clinic name																		
Date given mo/day/yr																		
Type of vaccine																		
Vaccine	Hepatitis B (HepB, HepA-HepB)		Hepatitis A (HepA, HepA-HepB)		If combo	Measles, Mumps, Rubella (MMR)		Varicella (chickenpox) (Var)		Zoster (shingles)	Tetanus, Diphtheria, Pertussis (whooping cough) (Tdap.Td)							