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Last name First name M.I.

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

Health care provider: List the mo/day/yr for each vaccination given. Record the generic abbreviation (e.g., PPSV23) or the trade name. For combination vaccines (i.e., HepA–HepB), fill in a row for each separate antigen in the combination.

Vaccine	Type of vaccine	Date given mo/day/yr	Health care professional or clinic name	Date next dose due
Pneumococcal (PCV13, PPSV23)				
Influenza (IV, LAIV)				
Human Papillomavirus (HPV2, HPV4, HPV9)				
Meningococcal (MCV4, MenB, MPSV4)				
Other				
To learn more about vaccines, visit www.vaccineinformation.org				