LIFETIME IMMUNIZATION RECORD

Always carry this record with you and have your healthcare professional or clinic keep it up to date.

Last name First name M.I.

Birthdate: (mo.) – (day) – (yr.)

Patient Number:

Printed by Immunization Action Coalition, Saint Paul, MN
www.immunize.org • www.vaccineinformation.org

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

Healthcare provider: List the mo/day/yr for each vaccination given. Record the generic abbreviation (e.g., PCV7, DTaP-IPV/Hib), not the trade name. For combination vaccines, fill in a row for each separate antigen in the combination.

Item #R2004 (4/09)

Vaccine	Type of vaccine	Date given mo/day/yr	Healthcare professional or clinic	Date next dose due
Hepatitis B (HepB, Hib-HepB, DTaP-HepB-IPV, HepA-HepB)				
Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT, Td, Tdap, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV, DTaP/Hib)				

To learn more about vaccines, visit www.vaccineinformation.org and www.immunize.org