

RECOMMENDED IMMUNIZATIONS FOR ADOLESCENTS AND ADULTS		
VACCINE TYPE	Date Given Mo. Yr.	DOCTOR OR CLINIC ADMINISTERING
Human	_____	_____
Papillomavirus (HPV)	_____	_____
Pneumococcal Pneumonia	_____	_____
Influenza	_____	_____
Tdap	_____	_____
Zoster	_____	_____
OTHER:	_____	_____
	_____	_____
	_____	_____

Check VACCINE on front of card for previous childhood doses

~~NEBRASKA~~

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Everyone should keep a personal immunization record. It can help you and your doctor make sure that you have the protection you need against these diseases. It can also prevent needless re-vaccination during a health emergency or when you change doctors. The record should be taken with you to the doctor's office or clinic so it can be updated every time you receive a shot.

IMMUNIZATION RECORD

PATIENT NAME _____

Date of Birth _____

Name of Clinic _____