

**USE THIS FORM IF YOU DO NOT HAVE A RECORD FROM YOUR DOCTOR
OR THE COUNTY HEALTH DEPARTMENT.**

IMMUNIZATION RECORD FOR ADULTS

NAME _____

Enter year of most recent vaccination.

Diphtheria, Tetanus, Pertussis _____

Hepatitis A _____

Hepatitis B _____

HPV _____

Measles, Mumps, Rubella _____

Varicella _____

Pneumococcal _____

Meningococcal _____

Zoster _____

Influenza _____

**This is not a list of required immunizations. Only indicate those immunizations that
have been given for information in case of emergency.**