Tuberculosis (TB) skin test result Date given Date read Induration size (mm) Comments Provider or clinic



For information on which immunizations adults need, visit **ImmunizeBC.ca**



Adult Immunization Record

Ask your health care provider to record each vaccine you receive.

Name

Date of Birth

Personal Health Number

This is a permanent record. Keep it in a safe place.





ImmunizeB(

Adult Immunization Record

| Vaccine | Type of vaccine | Date given (YYYY-MM-DD) | Provider or clinic | Date next dose due (YYYY-MM-DD) |
|--|-----------------|----------------------------|--------------------|---------------------------------------|
| Hepatitis A (HepA, HepA-HepB) | | | | |
| If combo | | | | |
| Hepatitis B (HepB, HepA-HepB) | | | | |
| Human Papillomavirus (HPV4 [Gardasil], HPV2 [Cervarix]) | | | | |
| Measles, Mumps, Rubella (MMR) | | | | |
| Meningococcal (Men-C, MCV4) | | | | |
| Pneumococcal (PPV23, PCV13) | | | | |
| Tetanus, Diphtheria, Pertussis (whooping cough) (Td, Tdap) | | | | |
| | | | | |

| Vaccine | Type of vaccine | Date given (YYYY-MM-DD) | Provider or clinic | Date next dose due (YYYY-MM-DD) |
|---|-----------------|----------------------------|--------------------|---------------------------------------|
| Varicella (chickenpox) | | | | |
| Zoster (shingles) | | | | |
| Other | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Influenza (flu) (TIV, QIV, LAIV) Recommended yearly | YYYY-MM-DD | YYYY-MM-DD | YYYY-MM-DD | YYYY-MM-DD |
| | YYYY-MM-DD | YYYY-MM-DD | YYYY-MM-DD | YYYY-MM-DD |
| | YYYY-MM-DD | YYYY-MM-DD | YYYY-MM-DD | YYYY-MM-DD |
| | YYYY-MM-DD | YYYY-MM-DD | YYYY-MM-DD | YYYY-MM-DD |
| | YYYY-MM-DD | YYYY-MM-DD | YYYY-MM-DD | YYYY-MM-DD |
| | YYYY-MM-DD | YYYY-MM-DD | YYYY-MM-DD | YYYY-MM-DD |

^{*} Tuberculosis skin test result chart is on back page

