

Adult Immunization Record

Keep this record with you at all times and present to your health care provider prior to receiving any vaccination

Last Name

First Name

Date of Birth:

Month

Day

Year

Allergies or other notes:

Adult Vaccines

Vaccine	Type given	Date given	Health care professional or clinic name	Date next dose due	Lot #	Route
Diphtheria, tetanus, and pertussis (DTaP, Td, or Tdap)						
Human papillomavirus						
Influenza*						



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

*All people aged 6 months and older should receive an annual influenza vaccination.
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www.immunizationforwomen.org

Adult Vaccines (continued)

Vaccine	Type given	Date given	Health care professional or clinic name	Date next dose due	Lot #	Route
Hepatitis B						
Meningococcal						
Pneumococcal						
Zoster						

Vaccines Indicated in Pregnancy

Vaccine	Type given	Date given	Health care professional or clinic name	Date next dose due	Lot #	Route
Diphtheria, tetanus, and pertussis (Tdap preferred)						
Hepatitis B*						
Hepatitis A*						
Meningococcal*						
Influenza (given annually, safe in any trimester)						

*Can be administered in pregnancy when certain risk factors are present