ADULT IMMUNIZATIONS RECORD

-							IIUNS REU				
Dose number	Date	Manu- facturer	Lot #	Dose	Route	Site	VIS edition (date or n/a)	Name/rank of pers administering	son	Initials	MTF or other facility
Anthrax	•		•				· · · · ·				
Hepatitis	s A							Γ			
Hepatitis	s B										
•											
Influenza	- -		1 1			1					
innuenza	a										
Japanes	e Encep	halitis	· · · · ·					1			
Meningo	ococcal										
lineninge											
MMR											
Pneumo	coccai										
Polio (IP	V)		,			,					
				STATUS	2			SEDVICE	DECOS		
HOSPITAL OR MEDICAL FACILITY			STATUS	5		DEPARTMENT/SERVICE RECORDS MAINTAINED AT:			NEU AI.		
SPONSOR'S	NAME			SSN			RELATIONSHIP	TO SPONSOR			

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; SSN: Sex; Date of Birth; Rank/Grade.)

Dose	Date	Manu-	Lot #	Dose	Route	Site	VIS edition	Name/rank of person	Initials	MTF or
number		facturer					(date or n/a)	administering		other facility
Totonuo	-Diphthe	ria (Td)								
etanus	-Diplitile	na (10)		T		1	[
Typhoid	Oral Se	ries (Ty 21a)								
- ypnoid		<u> </u>								
Typhoid	, Parente	eral (Vi-CPS)								
Varicella	1									
Yellow F	ever									
Other	1	r			•	1	,			r
						1				
	1			1	1	1	1		1	

Remarks			

Sensitivity Tests								
Date placed	Туре	Dose	Route	Site	Results	Reader		

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPARTMENT/SERVICE	RECORDS MAINTAINED AT:
SPONSOR'S NAME	SSN	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; SSN: Sex; Date of Birth; Rank/Grade.)