ADULT IMMUNIZATION RECORD

Always carry this record with you and have your health professional or clinic keep it up to date.

SHAH, TUSHAR

Last name First name M.I.

Birthdate: 07 (mo.) – 26 (day) – 66 (yr.)

Patient Number:

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	Dose (units)	Type of vaccine	Date given mo/day/yr	Health professional or clinic	Date next dose due
Hep B	1				
	2				
	3				
Hep A	1				
	2				
– – – If combo*	*				
Combination vaccines should always be documented under each antigen.					
MMR A second dose may be needed in some people	1				
	2				
Varicella (chickenpox)	1				
	2				
Td (Tetanus, diphtheria)					

Dr. Shah

Last name First name M.I.

Telephone number: ( ) –

Medical notes:

SOUTH AUSTIN INTERNAL MEDICINE, PA
4207 JAMES CASEY, STE 302
AUSTIN, TX 78745

Item #R2005 (4/03)

	Type of vaccine	Date given mo/day/yr	Health professional or clinic	Date next dose due
Pneumococcal A second dose may be needed for those at risk.				
Influenza				
Other PPD		4/28/04	SPAM	
			Omm	
		1/30/04	MEG	
			Chickenpox	

To learn more about vaccines, visit www.vaccineinformation.org & www.immunize.org