

# IMMUNIZATION HISTORY RECORD

Patient Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Immunization	Date	Dose	Site	Manufacturer and Lot Number	Comments/Reactions
Diphtheria Tetanus Pertussis (note if DT)					
Tetanus Diphtheria (adult Td)					
Polio					
Measles, Mumps, Rubella					
Measles					
Haemophilus Influenza b					
Hepatitis B					
Gamma Globulin					
Tetanus Toxoid					
Flu Type					
Others					
Tuberculin					