

IMMUNIZATION HISTORY

Utilize this chart to document the immunization history of your loved one. Aim to include as much historical information as possible when completing the chart.

1	Immunization Name	Date Received	Notes
	COVID-19		
	Tetanus, Diphtheria, Pertussis (Td/Tdap)		
	Influenza		
	Measles, Mumps, Rubella (MMR)		
	Meningococcal (Meningitis)		
	Pneumococcal (Pneumonia)		
	Polio (IPV)		
	Tuberculosis		
	Varicella (Chicken Pox)		
	Zoster (Shingles)		