



PATIENT I.D. DATA:
(name, DOC #, birthdate)

TB / IMMUNIZATION RECORD

TB INFORMATION							
DATE GIVEN / DATE READ	FOREARM	MANUFACTURER / LOT NUMBER	EXPIRATION	REACTION (mm)	INITIALS/STAMP	✓ IF DONE S&S	✓ IF DONE CXR
	L R				Given by:	<input type="checkbox"/>	<input type="checkbox"/>
					Read by:	<input type="checkbox"/>	<input type="checkbox"/>
	L R				Given by:	<input type="checkbox"/>	<input type="checkbox"/>
					Read by:	<input type="checkbox"/>	<input type="checkbox"/>
	L R				Given by:	<input type="checkbox"/>	<input type="checkbox"/>
					Read by:	<input type="checkbox"/>	<input type="checkbox"/>
	L R				Given by:	<input type="checkbox"/>	<input type="checkbox"/>
					Read by:	<input type="checkbox"/>	<input type="checkbox"/>
	L R				Given by:	<input type="checkbox"/>	<input type="checkbox"/>
					Read by:	<input type="checkbox"/>	<input type="checkbox"/>
	L R				Given by:	<input type="checkbox"/>	<input type="checkbox"/>
					Read by:	<input type="checkbox"/>	<input type="checkbox"/>
	L R				Given by:	<input type="checkbox"/>	<input type="checkbox"/>
					Read by:	<input type="checkbox"/>	<input type="checkbox"/>
	L R				Given by:	<input type="checkbox"/>	<input type="checkbox"/>
					Read by:	<input type="checkbox"/>	<input type="checkbox"/>
	L R				Given by:	<input type="checkbox"/>	<input type="checkbox"/>
					Read by:	<input type="checkbox"/>	<input type="checkbox"/>

IMMUNIZATIONS						
VACCINE	DATE GIVEN	SITE / ROUTE	MANUFACTURER/ LOT NUMBER	EXPIRATION	DATE OF VIS VERSION	INITIALS/STAMP
(Circle one) Td Tdap		L R				
Pneumococcal		L R				
Pneumococcal		L R				

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

TB / IMMUNIZATION RECORD

IMMUNIZATIONS						
VACCINE	DATE GIVEN	SITE / ROUTE	MANUFACTURER/ LOT NUMBER	EXPIRATION	DATE OF VIS VERSION	INITIALS/STAMP
Influenza		L R				
Influenza		L R				
Influenza		L R				
Influenza		L R				
Influenza		L R				
Influenza		L R				
Influenza		L R				
Influenza		L R				
Influenza		L R				
COVID-19		L R				
COVID-19		L R				
COVID-19		L R				
Hepatitis _____		L R				
Hepatitis _____		L R				
Hepatitis _____		L R				
		L R				
		L R				