**Resident Immunization Record**

**Influenza Vaccination:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Type and Amount | Temp | Site | Comments |
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**Pneumococcal:**

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| --- | --- | --- | --- | --- |
| Date | Type and Amount | Temp | Site | Comments |
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**TD Vaccine:**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Type and Amount | Site | Comments |
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|  |  |  |  |

**Recombinant Zoster (Shingles) :**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Type and Amount | Site | Comments |
|  |  |  |  |
|  |  |  |  |

**COVID-19 Vaccinations:**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Type and Amount | Site | Comments |
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**Other Vaccinations:**

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| --- | --- | --- | --- |
| Date | Type and Amount | Site | Comments |
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Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MR#\_\_\_\_\_\_\_\_\_\_\_Room\_\_\_\_\_\_\_\_\_\_

Download and place here the CDC Recommended Immunization Schedule for Adults Aged 19 Years or Older, United States, 2022: <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>