

Appendix C. Vaccines To Complete for Adults (Age 19 years or older)

Name: _____

Date of birth: ____/____/____

Date of examination: ____/____/____

Before administering any vaccines, make sure the applicant understands the benefits and risks of the vaccines. Make sure you record the vaccine(s) given to the applicant and instruct him or her to take the form to other health care providers who will administer any remaining series of vaccines.

Check box if received now or previously.

Vaccine	Interval Between Doses
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Td (Primary series)

- Dose #1
- Dose #2 4-8 weeks after dose #1
- Dose #3 6-12 months after dose #2
- Booster dose Every 10 years after first 3 doses

Hepatitis B

- Dose #1
- Dose #2 4-8 weeks after dose #1
- Dose #3 4-6 months after dose #1

MMR (Measles-mumps-rubella)

- Dose #1
- Dose #2 4-8 weeks after dose #1

Varicella

- Dose #1
- Dose #2 4-8 weeks after dose #1

Pneumococcal (polysaccharide)

- Dose #1
- Dose #2 For adults ≥ 65 years of age if the first dose was given before age 65 and ≥ 5 years have elapsed since dose #1.

Influenza (every year)

- Dose (specify year: ____-____)
- Dose (specify year: ____-____)
- Dose (specify year: ____-____)
- Dose (specify year: ____-____)
- Dose (specify year: ____-____)
- Dose (specify year: ____-____)
- Dose (specify year: ____-____)
- Dose (specify year: ____-____)

Td=adult formulation tetanus and diphtheria toxoids