

BP-A619_IMMUNIZATION RECORD

IMMUNIZATION RECORD

TETANUS TOXOIDS

Date	MFG'R	Lot #	Exp. Date	Site	Dose/Route	Provider	Institution

TUBERCULIN TEST

Date	MFG'R	Lot #	Exp. Date	Site	Dose/Route	Provider/Institution	Date read	Results (MM)	Read by

Patient Identification

Name of Inmate: _____

Register Number _____

HEPATITIS VACCINE

Date	MFG'R	Lot #	Exp. Date	Site	Dose/Route	Provider	Institution

INFLUENZA VACCINE

Date	MFG'R	Lot #	Exp. Date	Site	Dose/Route	Provider	Institution

OTHER (MMR, Polio, etc.)

Date	MFG'R	Lot #	Exp. Date	Site	Dose/Route	Provider	Institution

Patient Identification

Name of Inmate: _____ Register Number _____