



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            | 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)<br>Td Tdap |            | L<br>R       |                          |            |                     |                |
| Pneumococcal            |            | L<br>R       |                          |            |                     |                |
| Pneumococcal            |            | L<br>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<br>R       |                          |            |                     |                |
| Influenza                               |            | L<br>R       |                          |            |                     |                |
| Influenza                               |            | L<br>R       |                          |            |                     |                |
| Influenza                               |            | L<br>R       |                          |            |                     |                |
| Influenza                               |            | L<br>R       |                          |            |                     |                |
| Influenza                               |            | L<br>R       |                          |            |                     |                |
| Influenza                               |            | L<br>R       |                          |            |                     |                |
| Influenza                               |            | L<br>R       |                          |            |                     |                |
| Influenza                               |            | L<br>R       |                          |            |                     |                |
| Influenza                               |            | L<br>R       |                          |            |                     |                |
| Influenza                               |            | L<br>R       |                          |            |                     |                |
| COVID-19<br>(1 <sup>st</sup> injection) |            | L<br>R       |                          |            |                     |                |
| COVID-19<br>(2 <sup>nd</sup> injection) |            | L<br>R       |                          |            |                     |                |
| Hepatitis _____                         |            | L<br>R       |                          |            |                     |                |
| Hepatitis _____                         |            | L<br>R       |                          |            |                     |                |
| Hepatitis _____                         |            | L<br>R       |                          |            |                     |                |
|   |            | L<br>R       |                          |            |                     |                |
|   |            | L<br>R       |                          |            |                     |                |