


# Adult Immunization Card

**How to Use:** Check off the vaccines you've received and write in the date you got it! Talk to your doctor about the vaccines you have not checked off.

Date	Vaccine Name	
	COVID-19 Vaccine	
	Flu Shot	
	Tdap/Td	
	Measles, Mumps, Rubella	
	Chicken Pox	
	Shingles	
	HPV	
	Pneumococcal	
	Meningitis (Types A, C, W, Y)	
	Meningitis (Type B)	
	Hepatitis A	
	Hepatitis B	
	HiB Influenzae	



For more information, please visit our website:  
**YourVaccinationGuide.org**

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**\*Source: CDC Adult Immunization Schedule.** This document is not intended to provide medical advice. Talk to your doctor before getting vaccinated and about any questions you have.