

Vaccine	Type of Vaccine	Date given mo/day/yr	Healthcare Professional or Clinic	Date next dose due
Hepatitis B				
Hepatitis A				
Measles, Mumps, Rubella (MMR, MMRV)				
Varicella				
Meningococcal				
Human papillomavirus				
Typhoid				
Tetanus toxoid				
Others				



## ADOLESCENT & ADULT IMMUNIZATION RECORD

Always carry this record with you and have your healthcare professional or clinic keep it up to date.

Last Name

First Name

M.I.

Birthdate:

  
(mo)

 —   
(day)

 —   
(yr)

Patient Number:

**Medical notes (e.g., allergies, vaccines reactions):**

For safety information on GSK medicines or to report an adverse event, please call the toll free line 0800 2255 475 (0800CALLGSK) or email: [aereporting.ng@gsk.com](mailto:aereporting.ng@gsk.com).

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For further information please contact:

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