

IMMUNIZATION RECORD

Taylor Health & Wellness Center
 Missouri State University
 901 South National
 Springfield, MO 65897
 (417) 836-4000 (phone) / (417) 836-4133 (fax)

University ID # _____

Date: _____

NAME _____

Date of birth: _____

Last

First

Middle

Please record your immunization (vaccination) history below.

1. It is very important for you to complete this document and return it to Taylor Health and Wellness Center.
2. Also you will need to know your immunization history throughout your life, to keep a copy for yourself.
3. Be sure to record new vaccinations as you receive them.
4. If you don't have a copy of your immunizations you can get a copy from your Pediatrician, Family Doctor, clinic, provider, or your high school.

IMMUNIZATIONS

(A copy of your personal record is acceptable)

	Date	Date	Date	Date	Date		Date	Date	Date
DPT Diphtheria Pertussis Tetanus						Hepatitis A (2 vaccinations)			
Td Tetanus Diphtheria						Hepatitis B (3 vaccinations)			
Tdap Tetanus Diphtheria Acellular Pertussis						Twinrix (3 vaccinations) (combination Hep A & B)			
Polio						Shingles			
MMR (2 vaccinations) Measles (Rubeola) Mumps Rubella						Pneumococcal			
Measles Booster (Rubeola)						Meningococcal			
Varicella (2 vaccinations) (Chickenpox)									
HPV (3 vaccinations) (Human papillomavirus)									