

Next dose due on YYYY-MM-DD	Vaccine(s)

Comments

Personal Immunization Record

To ensure the best protection, get all shots on time

Name

Date of Birth

Personal Health #

This is a permanent record.
Please keep in a safe place.



Immunization Record

Date (YYYY-MM-DD)	Diphtheria	Pertussis	Tetanus	Polio (IPV)	Hib	Hepatitis B	Rotavirus	Pneumo-conjugate	Men-C-conjugate	Measles	Mumps	Rubella	Varicella	Human Papillomavirus	Seasonal Influenza	Hepatitis A	Pneumo-poly	Men-A,C,Y/W/conjugate	Varicella Zoster	Other Vaccines	Provider or Clinic

Tuberculosis (TB) skin test result				
Date given	Date read	Induration size (mm)	Comments	Provider or Clinic

This is your personal immunization record



For an up-to-date immunization schedule, visit ImmunizeBC.ca

People may benefit from other non-publicly funded vaccines. Speak to your immunizing health care provider.