## Tuberculosis (TB) skin test result

Date given (y/m/d)	Date read (y/m/d)	Induration size (mm)	Comments	Provider or clinic



For information about immunization, speak to your health care provider or visit www.immunizebc.ca.





## **Adult Immunization Record**

Keep your immunizations up to date. It's one of the best things you can do to protect your health.

Name

Date of Birth

**Personal Health Number** 

This is a permanent record. Keep it in a safe place.





## **Adult Immunization Record**

Vaccine	Type of vaccine	Date given (y/m/d)	Provider or clinic	Date next dose due (y/m/d)
Hepatitis A (HepA, HepA-HepB)				
Hepatitis B (HepB, HepA-HepB)				
Human Papillomavirus (HPV9, HPV4, HPV2)				
Measles, Mumps, Rubella (MMR)				
Meningococcal (Men-C, MCV4)				
Pneumococcal (PPV23, PCV13)				
Polio (IPV)				
Varicella (chickenpox)				

Vaccine	Type of vaccine	Date given (y/m/d)	Provider or clinic	Date next dose due (y/m/d)
Tetanus, Diphtheria,				
Pertussis				
(whooping cough) (Td, Tdap)				
Zoster				
(shingles)				
Other (e.g. travel vaccines)				
Influenza (flu)	y/m/d	y/m/d	y/m/d	y/m/d
(TIIV, QIIV, LAIV, HD TIIV)	y/m/d	y/m/d	y/m/d	y/m/d
	y/m/d	y/m/d	y/m/d	y/m/d
Recommended yearly	y/m/d	y/m/d	y/m/d	y/m/d
	y/m/d	y/m/d	y/m/d	y/m/d

<sup>\*</sup> Tuberculosis skin test result chart is on back page



