IMMUNIZATION RECORD

Personal vaccination history & schedule

Sample — replace with your own details

PATIENT NAME	DATE OF BIRTH	BLOOD TYPE
Margaret Doe	04 / 12 / 1948	O+

VACCINE	DATE GIVEN	DOSE / #	SITE	PROVIDER / CLINIC	NEXT DUE
Influenza (quadrivalent)	08 Oct 2025	Annual	L deltoid	Riverside Family Clinic	**Oct 2026**
COVID-19 (mRNA)	15 Sep 2024	Primary	R deltoid	Greenfield Pharmacy	—
COVID-19 — booster	22 Sep 2025	Booster	R deltoid	Greenfield Pharmacy	**As advised**
Tdap (tetanus, diphtheria, pertussis)	03 Mar 2023	1 of 1	L deltoid	Riverside Family Clinic	**Mar 2033**
Shingles (Shingrix)	11 Jan 2024	#1 of 2	L deltoid	Riverside Family Clinic	**Apr 2024**
Shingles (Shingrix)	18 Apr 2024	#2 of 2	L deltoid	Riverside Family Clinic	**Complete**
Pneumococcal (PCV20)	06 Nov 2024	1 of 1	R deltoid	Greenfield Pharmacy	—
Hepatitis B	14 Feb 2022	#3 of 3	R deltoid	Riverside Family Clinic	**Complete**

Sites: L = left arm · R = right arm · deltoid = upper arm.

Keep this record and bring it to every appointment.

NOTES / REACTIONS

Sample — replace with your own details.

• Mild soreness at the injection site after the 18 Apr 2024 Shingrix dose; resolved within two days. No other reactions on record.