IMMUNIZATION RECORD

NAME	CASE NUMBER	DATE

TETANUS-DIPHTHERIA
(If the client has already been vaccinated, indicate the date of the DPT or Td Series was completed under "primary".)

PRIMARY		2 MONTHS		4 MONTHS	
DOSAGE	DATE	DOSAGE	DATE	DOSAGE	DATE

TETANUS BOOSTER
(A Tetanus Booster will be given at least once every ten years)

DOSAGE	DATE	DOSAGE	DATE	DOSAGE	DATE

MEASLES, MUMPS, RUBELLA
(If the client has history of disease or has already been vaccinated, please indicate the date/dates.)

DOSAGE	DATE	DOSAGE	DATE	DOSAGE	DATE

HEPATITIS B
(The primary dosage should be given as soon as the results of the screening are available. If the vaccination is not necessary, indicate the date and result of the screening under "primary".)

PRIMARY		1 MONTH		6 MONTHS	
DOSAGE	DATE	DOSAGE	DATE	DOSAGE	DATE

INFLUENZA

DOSAGE	DATE	DOSAGE	DATE	DOSAGE	DATE

PNEUMOVAX
(This vaccination is given only once to clients who, in the physician's opinion, are a high risk for Pneumonia.)

DOSAGE	DATE	DOSAGE	DATE	DOSAGE	DATE

TUBERCULIN TESTING RECORD

Clients will be tested yearly for Tuberculosis using the Mantoux Method. Clients who have a positive PPD will be followed up with
a Chest X-Ray and then be X-rayed on a yearly basis.

PPD

DATE	READING	DATE	READING