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| --- |
| **VACCINE ADMINISTERED RECORD** |

**TODAY’S DATE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CLINIC LOCATION**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PATIENT NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE OF BIRTH**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHILDREN**

|  |  |  |  |
| --- | --- | --- | --- |
| 🞏 DTaP | 🞏 HIB | 🞏 MENINGOCOCCAL | 🞏 TDAP |
| 🞏 DTaP/IPV  | 🞏 HPV | 🞏 MMR | 🞏 VARICELLA (CHICKENPOX) |
| 🞏 HEPATITIS A | 🞏 INFLUENZA (injectable) | 🞏 MMR/VARICELLA | 🞏 OTHER (SPECIFY) |
| 🞏 HEPATITIS B | 🞏 IPV (POLIO) | 🞏 PNEUMOCOCCAL (PCV13) |

 **ADULT**

**Contact Information**

**Alexandra Hayes**

509-324-1480

**Kayla DeBusk**

509-324-1548

|  |  |  |  |
| --- | --- | --- | --- |
|  🞏 HEP A/ HEP B (TWINRIX) | 🞏 MMR | 🞏 Tdap | 🞏 OTHER (Specify) |
| 🞏 HEPATITIS B | 🞏 PNEUMOCOCCAL (PPSV) | 🞏 VARICELLA (CHICKENPOX) | 🞏  |
| 🞏 INFLUENZA (injectable) | 🞏 SHINGLES (Zostavax) | 🞏 PCV13 | 🞏  |

**SRHD enters all vaccines into the WA Immunization Information System (IIS). Obtain free access on MyIR to view and print your immunization records: https://wa.myir.net/register/**

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**PATIENT NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE OF BIRTH**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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