Allergies/Immunizations/Surgeries

Family Love Letter®

For:

Allergies to Meds (Both Rx and Supplements) – Name of Medication	Type of Reaction (Rash, Breathing Difficulty, etc.)	Date Discontinued

Immunizations (Type of Vaccine)	Date Given	Age
Influenza		
Tetanus (Td, Tdap)		
Hepatitis A		
Hepatitis B		
Pneumococcal Conjugate		
Pneumococcal Polysaccharid		
Measles, Mumps, Rubella		
Varicella (Chicken Pox)		
Zoster (Shingles)		
Shingrix Part 1 (Zoster Vaccine)		
Shingrix Part 2 (Zoster Vaccine)		
HPV		
Other or Child Immunizations		

Immunizations for COVID-19 (Product Name/Manufacturer Lot Number)	Healthcare Professional of Clinic Site	Date
1st Dose COVID-19		
2nd Dose COVID-19		
Booster		
Booster		
Booster		
Booster		
Booster		

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Allergies/Immunizations/Surgeries

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For:

List of Surgeries/Medical History	Any Complications	Date

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