

ALLERGIES/IMMUNIZATIONS/SURGERIES

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		
List of Surgeries/Medical History	Any Complications	Date

* For information security, keep printed copy in a secure location.