

**SENIORS AND PEOPLE WITH DISABILITIES SERVICES  
STATE-OPERATED COMMUNITY PROGRAMS**

**IMMUNIZATION RECORD**

Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

<b>IMMUNIZATION</b>	<b>YEAR</b>	<b>YEAR</b>	<b>YEAR</b>	<b>YEAR</b>	<b>YEAR</b>	<b>YEAR</b>
Measles						
Mumps						
Rubella						
TD (Tetanus Diphtheria)						
Polio						
Influenza Vaccine						
Hepatitis B Vaccine						
1.						
2.						
3.						
Pneumonia Vaccine						
Tuberculin Skin Test						
DPT						
Small Pox						

**COMMUNICABLE DISEASE RECORD**

<b>Communicable Disease</b>	<b>Year</b>	<b>Communicable Disease</b>	<b>Year</b>	<b>Communicable Disease</b>	<b>Year</b>
Chicken Pox		Tuberculosis		Diphtheria	
Measles		Hepatitis			
Mumps		Poliomyelitis			
Rubella		Meningitis			
Typhoid		Rheumatic Fever			
Whooping Cough		Venereal Disease			
Scarlet Fever		Rubeola			