

IMMUNIZATION INFORMATION

****Look at shot record and record dates for the following vaccines****

ATTACH COPY OF SHOT RECORDS TO FORM

Name: _____

PRIOR AIR FORCE _____ Yes _____ No

Full Social Security #: _____

Tetanus: _____

Flu Shot: _____

H1N1: _____

Meningococcal: _____

Key for Shot Record:

Td- Tetanus

Menomune or Mng- Meningococcal

Influenza or Flumist- Flu Shot

****Lab tests were drawn for the following:**

Measles
Mumps
Rubella
Chickenpox

**Based on your lab results, the above shots will be given to you,
regardless of prior vaccination history**