#### ADULT IMMUNIZATION RECORD

Always carry this record with you and have your healthcare provider or clinic keep it up-to-date.

Last Name	First Name		M.I.
		Birthdate (mo/day/yr)	
Patient Numb	per		

Hepatitis B Hepatitis A *if combo Measles, Mumps, Rubella (MMR) Varicella (chickenpox) Other	Vaccine	Type of vaccine	Date given (mo/day/yr)	Health professional or clinic	Date next dose due
Hepatitis B         Hepatitis A           #if combo         Hepatitis A           **If combo         Heasles, Mumps, Rubella (MMR)           Waricella (chickenpox)         Cother					
Hepatitis A  *if combo  Measles, Mumps, Rubella (MMR)  Varicella (chickenpox)  Other	Hepatitis B				
Hepatitis A         **If combo           **If combo         **If combo           Measles, Mumps, Rubella (MMR)         **           Varicella (chickenpox)         **           Other         Other					
*if combo  Measles, Mumps, Rubella (MMR)  Varicella (chickenpox)  Other	Hepatitis A				
*if combo  Measles, Mumps, Rubella (MMR)  Varicella (chickenpox)  Other					
Measles, Mumps, Rubella (MMR) Varicella (chickenpox) Other	*if combo				
Rubella (MMR)           Varicella           (chickenpox)           Other	Measles, Mumps,				
VaricellaCehickenpox)Other	Rubella (MMR)				
(chickenpox) Other	Varicella				
Other	(chickenpox)				
	Other				

#### Are vaccines safe?

Yes! Vaccines are among the safest medicines available. Vaccines are tested at length before they are licensed and continue to be monitored for side effects through the Vaccine Adverse Event Reporting System (VAERS).

After vaccination, some people may have mild side effects, such as slight fever or soreness at the injection site. Severe vaccine reactions are rare.

## How can I keep track of my vaccination record?

◆The New Jersey Immunization Information System (NJIIS) can keep your



record for you! Ask your provider if your vaccines have been recorded in NJIIS. This can help to determine which vaccines you need, and when you need them.

• Keep a record of the vaccines that you have received and carry it with you each time you visit your provider. Included in this brochure is a tear-off form to use for recording your immunizations.

## Are you traveling out of the country?

You may need other vaccines to protect yourself against diseases that are not common in the U.S. Ask your doctor, nurse, or local health department if you have questions about recommended vaccines. For more information about travel vaccines, visit: www.cdc.gov/travel.

### Where can I get more information?

- **♦ Your Healthcare Provider**
- ◆ Local Health Department http://localhealth.nj.gov
- New Jersey Department of Health
   Vaccine Preventable Disease Program www.nj.gov/health/cd/vpdp.shtml

   609-826-4861
- ♦ Centers for Disease Control and Prevention (CDC) <u>www.cdc.gov/vaccines</u> 1-800-CDC-INFO
- **♦ Immunization Action Coalition** <u>www.immunize.org</u>

#### **Determine which vaccines you need!**

Take this quiz to find out which vaccines you may need: www2.cdc.gov/nip/adultimmsched/ .

Please consult with your healthcare provider for your specific needs. This brochure is not a substitute for medical advice.

# **Adult Immunizations**



Vaccinations are needed across the lifespan. Protect yourself and your loved ones.

Are you up-to-date?







## Why do adults need immunizations?



Here are three key reasons to get vaccinated:

- You may be at risk for serious diseases. Each year thousands of adults in the United States get sick from diseases that could be prevented by vaccines.
- You can't afford to risk getting sick. Getting sick can cause you to miss work, school, and time with family and friends.
- You can protect yourself and your loved ones. There are many things you want to pass onto your loved ones, but a vaccine-preventable disease is not one of them.

#### Wondering about the cost of vaccines?

Many health plans cover recommended immunizations. Check with your insurance plan or healthcare provider. If you are not insured, speak with your Local Health Department to identify locations that may offer vaccines for little to no cost.

### Vaccine-preventable diseases

Disease	Disease information	Vaccination frequency	Age Group
Influenza (Flu)	The flu vaccine is especially important for older adults, pregnant women, adults with weakened immune systems and healthcare workers.	One dose each year	All adults
Tetanus, diphtheria, and pertussis (Tdap)/Td	Tetanus is an infection from bacteria in the environment that enters the body through open wounds. Pertussis (whooping cough) is a bacterial respiratory infection which causes severe coughing spells. It is especially important for adults who spend time with babies to be vaccinated against pertussis.	•One Tdap dose •One Td booster every 10 years •One dose of Tdap with each pregnancy	All adults
Human Papillomavirus (HPV)	HPV vaccine can protect men and women against genital warts and several types of cancer such as cervical, throat, and anal cancer.	One completed series	Up to 26 years
Shingles/ Zoster	Shingles is a viral infection that causes a painful rash and can be quite severe. The vaccine is beneficial for adults whether or not they have had shingles previously. <i>There are 2 types of shingles vaccines available.</i>	Dependent on vaccine type received	50 and older
Pneumococcal	This bacterial disease may cause serious infections of the lungs, blood, and even the covering of the brain and spinal cord. <i>There are 2 recommended pneumococcal vaccines</i> .	Two doses (one PCV13 and one PPSV23)	65 and older

Some vaccinations are recommended for adults with certain health conditions (e.g. diabetes, lung disease, kidney disease, immunocompromising conditions), jobs (e.g. healthcare and laboratory workers), attendance at higher education institutions, or lifestyles. Other vaccinations may be needed if any doses were missed earlier in life. In addition to the vaccines listed above, these vaccinations may include:

- ♦ Chickenpox (varicella)
- ♦ Haemophilus influenzae type B (Hib)
- **♦** Hepatitis A
- ♦ Hepatitis B\*
- ♦ Measles, Mumps, and Rubella (MMR)\*
- **♦** Meningococcal\*

Speak with your healthcare provider to learn more about your vaccination needs.



Please review the most recent immunization guidelines for the current recommendations. For detailed information including vaccination of persons with high-risk conditions, please visit the CDC Recommended Immunization Schedules, www.cdc.gov/vaccines/schedules/index.html.

Last Name	First Name		M.I
Telephone Number	( )	-	
Medical Notes:			
Date uteret dose due			

Pheumococcal PPSV23, PCV13)

<sup>\*</sup>Requirements for college students can be found in the Higher Education Immunization Rule (N.J.A.C. 8:57-6).