Manitoba
Keewatinowi
Okimakanak Inc.

Immunization Record

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

Last Name _____

First Name _____

Medical notes (e.g., allergies, vaccine reactions):

_____

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_____

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_____

Healthcare provider: List the mo/day/yr for each vaccination given. Record the generic abbreviation (e.g., PPSV23) or the trade name. For combination vaccines (i.e., HepA-HepB), fill in a row for each separate antigen in the combination

Vaccine	Type of vaccine	Date given mo/day/yr	Initials	Date next dose due
Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae type b (DTaP-IPV-Hib)				
Pneumococcal Conjugate				
Rotavirus				
Measles, Mumps, Rubella, Varicella (MMRV)				
Meningococcal C Conjugate (Men-C-C)				
Tetanus, Diphtheria, Pertussis, Polio (Tdap-IPV)				
Covid-19				

Vaccine	Type of vaccine	Date given mo/day/yr	Initials	Date next dose due
Meningococcal Conjugate Quadrivalant (Men-C-ACYW-135)				
Hepatitis B (HB)				
Human Papillomavirus (HPV)				
Tetanus, Diphtheria, Pertussis (Tdap)				
Tetanus, Diphtheria (Td)				
Pneumococcal Polysaccharide				
Other				