

# TB and Vaccination Record

Resident Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Admission \_\_\_\_\_

## TB Test:

Current Date

Renew By

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Influenza Vaccination:

Date Given

Date

Offered / accepted \_\_\_\_\_

Offered / refused \_\_\_\_\_  Received Elsewhere

Offered / accepted \_\_\_\_\_

Offered / refused \_\_\_\_\_  Received Elsewhere

Offered / accepted \_\_\_\_\_

Offered / refused \_\_\_\_\_  Received Elsewhere

Offered / accepted \_\_\_\_\_

Offered / refused \_\_\_\_\_  Received Elsewhere

Offered / accepted \_\_\_\_\_

Offered / refused \_\_\_\_\_  Received Elsewhere

Offered / accepted \_\_\_\_\_

Offered / refused \_\_\_\_\_  Received Elsewhere

## Initial Pneumonia Vaccination:

Date Given

Date

Offered / accepted \_\_\_\_\_

Offered / refused \_\_\_\_\_  Received Elsewhere

## Pneumonia Revaccination - recommended 5 years after initial:

Offered / accepted \_\_\_\_\_

Offered / refused \_\_\_\_\_  Received Elsewhere