

# Integritas Wellness Institute

## Immunization History

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please list the **most recent** immunizations with approximate dates when possible:

VACCINE	Approximate Date
Influenza (Flu) Vaccine	
Pneumovax 23 (Pneumonia) Vaccine	
Prevnar 13 (Pneumonia) Vaccine	
Tdap (Tetanus, Diphtheria, Pertussis) Vaccine	
Shingrix (Shingles) Vaccine	
Gardasil (HPV) Vaccine	
Hepatitis A Vaccine	
Hepatitis B Vaccine	
Meningitis Vaccine – Please list type (if known)	
Zostavax (Shingles) Vaccine	