

Smallpox Vaccine Record of Immunization

Bring this card with you if you need to come back for revaccination or for questions about a medical problem after smallpox vaccination

Name: _____

Patient Identifying Number: _____

(Please check only one: SSN Passport # Drivers license # and Issuing State: _____ Other None available)

Address: _____

(City) _____ (State) _____ (Zip code) _____

Telephone: (_____) _____

BELOW TO BE FILLED OUT BY VACCINE ADMINISTRATORS

Date (mm/dd/yy)	Vaccine Type (check box)	Vaccine LOT #	Vaccination Site (check box)	Clinic Name	Person administering vaccine
	Dryvax <input type="checkbox"/> Aventis <input type="checkbox"/> ACAM1000 <input type="checkbox"/> ACAM2000 <input type="checkbox"/>		Right arm <input type="checkbox"/> Left arm <input type="checkbox"/> Other <input type="checkbox"/>		
	Dryvax <input type="checkbox"/> Aventis <input type="checkbox"/> ACAM1000 <input type="checkbox"/> ACAM2000 <input type="checkbox"/>		Right arm <input type="checkbox"/> Left arm <input type="checkbox"/> Other <input type="checkbox"/>		
	Dryvax <input type="checkbox"/> Aventis <input type="checkbox"/> ACAM1000 <input type="checkbox"/> ACAM2000 <input type="checkbox"/>		Right arm <input type="checkbox"/> Left arm <input type="checkbox"/> Other <input type="checkbox"/>		
	Dryvax <input type="checkbox"/> Aventis <input type="checkbox"/> ACAM1000 <input type="checkbox"/> ACAM2000 <input type="checkbox"/>		Right arm <input type="checkbox"/> Left arm <input type="checkbox"/> Other <input type="checkbox"/>		

KEEP THIS CARD. DO NOT THROW AWAY.