

Enlightened Primary Care

Adult Vaccine Tracking & Screening Checklist

Patient Name: _____ DOB: _____ Age: _____ Gender: M / F / X

Primary Care Provider: _____

1. Routine Universal Vaccines (Recommended for All Adults)

Vaccine / Target Diseases	Indications & Key Parameters	Date Given	Next Due Date	Refused
Influenza (Flu)	1 dose annually (Typically Fall). Prefer high-dose/adjuvanted for adults aged 65+.	___ / ___ / ___	___ / ___ / ___	☐
COVID-19	At least 1 annual dose of current seasonal formula. 65+ or immunocompromised may need more.	___ / ___ / ___	___ / ___ / ___	☐
Tdap / Td (Tetanus, Diphtheria, Pertussis)	1 booster dose every 10 years. Substitute 1 dose Tdap if never received. 1 dose Tdap during weeks 27-36 of every pregnancy.	___ / ___ / ___	___ / ___ / ___	☐

2. Age, Lifestyle, & Risk-Based Vaccines

Vaccine / Target Diseases	Indications & Key Parameters	Date Given	Next Due Date	Refused
Shingles (Shingrix)	2 doses (0, 2-6 mos) for all adults aged 50+. Also adults 19+ if immunocompromised.	1: ___ / ___ / ___ 2: ___ / ___ / ___	___ / ___ / ___	☐
Pneumococcal (Pneumonia)	Adults 65+ or adults 19-64 with risk factors (e.g., asthma, COPD, diabetes, heart disease). Fully updated for PCV20/PCV21 protocols.	___ / ___ / ___	___ / ___ / ___	☐
RSV	Adults 75+ or adults 50-74 at high risk for severe illness. Single dose during weeks 32-36 of pregnancy (Maternal).	___ / ___ / ___	___ / ___ / ___	☐
Hepatitis B	All adults aged 19-59. Adults 60+ with risk factors (diabetes, healthcare workers, etc.). 2, 3, or 4 dose series.	___ / ___ / ___	___ / ___ / ___	☐
HPV (Human Papillomavirus)	All adults up to age 26 if missing. Adults 27-45 based on clinical decision-making. 2 or 3 doses.	___ / ___ / ___	___ / ___ / ___	☐

3. Special Populations & Catch-Up

Vaccine / Target Diseases	Indications & Key Parameters	Date Given	Next Due Date	Refused
MMR (Measles, Mumps, Rubella)	Adults born in 1957 or later with no laboratory evidence of immunity or documentation.	___ / ___ / ___	___ / ___ / ___	☐

Vaccine / Target Diseases	Indications & Key Parameters	Date Given	Next Due Date	Refused
Varicella (Chickenpox)	Adults born in 1980 or later with no evidence of immunity (2 doses, 4-8 weeks apart).	___ / ___ / ___	___ / ___ / ___	[]
Meningococcal / Hep A / Hib	Indicated for travel, specific occupations, military, asplenia, HIV, or outbreaks.	___ / ___ / ___	___ / ___ / ___	[]

Reviewing Provider Signature: _____

Date: ___ / ___ / ___

This is for informational purposes only. For medical advice or diagnosis, consult a professional. AI responses may include mistakes.