



**DIGESTIVE HEALTH ASSOCIATES**  
PROFESSIONAL CORPORATION

Patrick D. Gerstenberger, MD Steven R. Christensen, MD Stuart B. Saslow, MD Christopher Stewart, PA-C Kory Williams, PA-C

**Vaccination Record**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

*Please record the month and year of the most recent administration*

<b>Vaccine</b>	<b>Date (month/year)</b>
Influenza	
Tetanus, diphtheria, pertussis (Td/Tdap)	
Varicella	
Human papillomavirus (HPV)	
Zoster	
Measles, mumps, rubella (MMR)	
Pneumococcal (polysaccharide)	
Meningococcal	
Hepatitis A	
Hepatitis B	

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*Completed by (Name and Facility or Practice)*