

Adult Immunization Check List

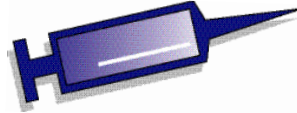
Patient at Risk:

Age 65 or older Chronic Disease

Influenza

2006 2007 2008 2009 2010

Pneumococcal Date ___/___/___



Adult Immunization Check List

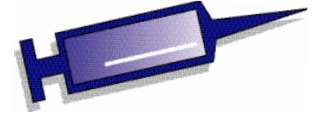
Patient at Risk:

Age 65 or older Chronic Disease

Influenza

2006 2007 2008 2009 2010

Pneumococcal Date ___/___/___



Adult Immunization Check List

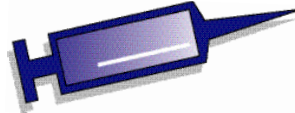
Patient at Risk:

Age 65 or older Chronic Disease

Influenza

2006 2007 2008 2009 2010

Pneumococcal Date ___/___/___



Adult Immunization Check List

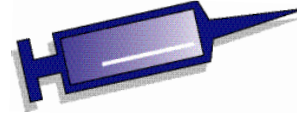
Patient at Risk:

Age 65 or older Chronic Disease

Influenza

2006 2007 2008 2009 2010

Pneumococcal Date ___/___/___



Adult Immunization Check List

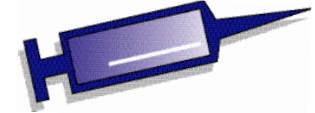
Patient at Risk:

Age 65 or older Chronic Disease

Influenza

2006 2007 2008 2009 2010

Pneumococcal Date ___/___/___



Adult Immunization Check List

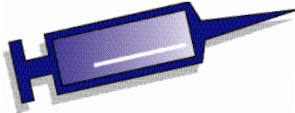
Patient at Risk:

Age 65 or older Chronic Disease

Influenza

2006 2007 2008 2009 2010

Pneumococcal Date ___/___/___



Adult Immunization Check List

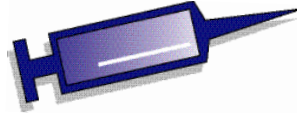
Patient at Risk:

Age 65 or older Chronic Disease

Influenza

2006 2007 2008 2009 2010

Pneumococcal Date ___/___/___



Adult Immunization Check List

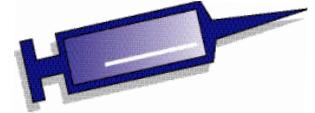
Patient at Risk:

Age 65 or older Chronic Disease

Influenza

2006 2007 2008 2009 2010

Pneumococcal Date ___/___/___



Adult Immunization Check List

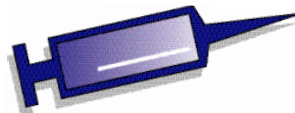
Patient at Risk:

Age 65 or older Chronic Disease

Influenza

2006 2007 2008 2009 2010

Pneumococcal Date ___/___/___



Adult Immunization Check List

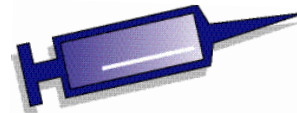
Patient at Risk:

Age 65 or older Chronic Disease

Influenza

2006 2007 2008 2009 2010

Pneumococcal Date ___/___/___



Adult Immunization Check List

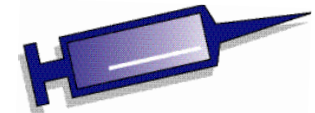
Patient at Risk:

Age 65 or older Chronic Disease

Influenza

2006 2007 2008 2009 2010

Pneumococcal Date ___/___/___



Adult Immunization Check List

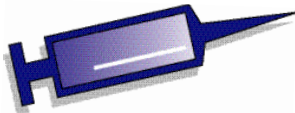
Patient at Risk:

Age 65 or older Chronic Disease

Influenza

2006 2007 2008 2009 2010

Pneumococcal Date ___/___/___



Adult Immunization Check List

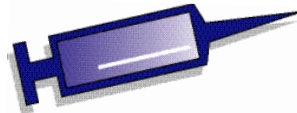
Patient at Risk:

Age 65 or older Chronic Disease

Influenza

2006 2007 2008 2009 2010

Pneumococcal Date ___/___/___



Adult Immunization Check List

Patient at Risk:

Age 65 or older Chronic Disease

Influenza

2006 2007 2008 2009 2010

Pneumococcal Date ___/___/___



1455 Lincoln Parkway, Suite 800
Atlanta, GA 30346

Toll free 800.982.0411 Fax 404.982.7591
www.gmcf.org

This material was prepared by the gmcf under contract with the Centers for Medicare & Medicaid Services (CMS), a federal agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.

Publication number: 7SOW-GA-IMMUN-03-02

Source: PRO-West, Seattle, WA