

HEALTH MAINTENANCE

Vaccinations: Influenza: __/__/__

Zostavax (shingles): __/__/__

Shingrix (shingles): __/__/__; __/__/__

Pevnar 13 or 20 (pneumococcal): __/__/__

Pneumovax (pneumococcal): __/__/__

dT (tetanus): __/__/__

TDAP (tetanus/pertussis): __/__/__

COVID: _____

Colonoscopy: __/__/__

PSA (prostate blood test): __/__/__ (men only)

Mammogram: __/__/__ (women only)

DEXA (bone density): __/__/__

Have you ever been screened for hepatitis C? _____

Any additional vaccinations and dates: _____