Collin County Pulmonary Associates
1101 Raintree Circle, Suite 100
Twin Creeks Medical, Building 2
Allen, Tx 75013
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VACCINATIONS

When did you get your last Flu shot?

Year: ____________ ☐ Never

When did you get your last Pneumonia shot?

Year: ____________ ☐ Never

Have you received the COVID vaccine?

☐ Yes ☐ No

Have you ever had a TB/Tuberculosis skin test (PPD or Tine)?

☐ Never ☐ Don't Know ☐ Negative: ____(year) ☐ Positive: ____(year)

Other Adult Vaccinations:

☐ Flu ☐ COVID ☐ Hepatitis A ☐ Hepatitis B

☐ Measles ☐ Mumps ☐ Pneumovax ☐ Prevnar

☐ Polio ☐ Rubella ☐ Shingles ☐ Tetanus Booster *(in past 10 years)*

☐ Whooping Cough

☐ Other ________________________________

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Patient Signature or Initials