

Recommended vaccines for adults: 19-65+ years

The chart below shows when you should receive your vaccines. Check the boxes to help you keep track.

Name: _____

Vaccine	19-21 years	22-26 years	27-49 years	50-64 years	≥65 years
Chickenpox (varicella)	<input type="checkbox"/> <input type="checkbox"/> 2 doses (if born in 1980 or later)				
Flu (influenza) yearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 or 3 doses				
Hepatitis B	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 or 3 doses				
HIB	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 or 3 doses				
HPV	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1-3 doses (ask your provider)				
Meningococcal MenACWY	<input type="checkbox"/> <input type="checkbox"/> 1 or 2 doses, then booster every 5 years if risk remains				
Meningococcal MenB	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 or 3 doses				
MMR (measles, mumps, rubella)	<input type="checkbox"/> <input type="checkbox"/> 1 or 2 doses (if born in 1957 or later)				
Pneumococcal PCV13	<input type="checkbox"/> 1 dose (if born in 1980 or later)				<input type="checkbox"/> 1 dose
Pneumococcal PPSV23	1 or 2 doses				<input type="checkbox"/> 1 dose
TD or Tdap (tetanus, diphtheria, pertussis)	<input type="checkbox"/> 1 dose, then Td booster every 10 years (or more as recommended by your provider)				
Zoster-RZ				<input type="checkbox"/> <input type="checkbox"/> 2 doses	

Recommended at age requirement Recommended for high-risk adults

You can get this in other languages, large print, braille or a format you prefer. You can also ask for an interpreter. This help is free. Call 855-722-8208 or TTY 711. We accept relay calls.