U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-5665 Rev. 02-09	**ANTHRAX IMMUNIZATION RECORD** **HEALTH RECORD** ***All entries in ink to be made in block letters***

Section I – ANTHRAX VACCINE INFORMATION CERTIFICATION

1. I have been given an Anthrax Trifold Brochure
   What You Need to Know About Anthrax Vaccine ☐ Yes ☐ No

2. I have been given the opportunity to ask questions about the Anthrax Vaccine prior to receiving the immunization ☐ Yes ☐ No

3. Signature	4. Date

Section II – ADMINISTRATION OF ANTHRAX VACCINE

Date Given	Dose No.	Dose Schedule (from Day 0)	Dose (ml) IM	Site (left or right arm)	Lot Number	Provider Facility/ Location	Administered by *Printed or Stamped Signature*	Comments	Next Dose Due
	1	Day 0	0.5						
	2	4 Weeks	0.5						
	3	6 Months	0.5						
	4	12 Months	0.5						
	5	18 Months	0.5						
	B	Annual	0.5						
	B	Annual	0.5						
	B	Annual	0.5						
	B	Annual	0.5						

Exemption	Date Exemption Begins	Anticipated Date of Exemption Completion	Actual Date of Exemption Completion

Unless noted in comments, all doses will be given with Biothrax manufactured by Emergent BioSolutions

Basic vaccinations series consists of 5 shots over 18 months, given as indicated above. The following intervals between doses must be maintained. The 2nd dose is given 4 weeks after the 1st dose; The 3rd dose is given 5 months after the 2nd dose; The 4th dose is given 6 months after the 3rd dose; and the 5th dose is given 6 months after the 4th dose. If one is late for a dose or strays from the established schedule, the next dose due should be given, with the intervals for the remaining doses maintained. A booster dose should be administered every 12 months. If an adverse reaction occurs following an anthrax vaccine, note in "comments" block above and on a SF-600 and complete a VAERS. Additionally, further administration of the anthrax vaccine should be temporarily discontinued until further evaluation and consultation (DoD Vaccine Healthcare Centers – www.vhcinfo.org) is completed.

Pregnancy: All women must be asked prior to receiving the vaccine if they are or might be pregnant. This will be asked in as private a setting as reasonably available. If the answer is yes, or possibly, the vaccine will be deferred until a confirmatory pregnancy test is done. If the pregnancy test is negative, the anthrax vaccine will be administered. If the pregnancy test is positive (confirmatory), administration of the vaccine will be deferred until the conclusion of the pregnancy. This temporary deferment will be noted above in the exemption block as due to pregnancy. The date confirmed is listed as the date the exemption begins.

Patient's Identification *(Mechanically Imprint, Type or Print)*

Required: Name:
SSN:
DOB:
Unit:
OPFAC:

Reset