

VACCINATION CERTIFICATE FORM  
FOR ADULT PATIENTS

Please have your primary care provider complete this form. Bring to your next appointment or mail or fax to:

UCSF Cochlear Implant Center  
Attention: Denaya Butler  
2380 Sutter St  
San Francisco, CA 94115  
Phone: (415) 514-6977 Fax: 415-353-2603

Patient name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

PCV-20 (Prevnar)      Date received: \_\_\_\_\_      Lot number: \_\_\_\_\_

Physician Name:


Address:

Phone Number:

Physician's Signature: \_\_\_\_\_

*Centers For Disease Control and Prevention Recommendations (October 2022):*

Pneumococcal vaccination

Routine vaccination 

- **Age 65 years or older** who have not previously received a pneumococcal conjugate vaccine or whose previous vaccination history is unknown: 1 dose PCV15 or 1 dose PCV20. If PCV15 is used, this should be followed by a dose of PPSV23 given at least 1 year after the PCV15 dose. A minimum interval of 8 weeks between PCV15 and PPSV23 can be considered for adults with an immunocompromising condition,\* cochlear implant, or cerebrospinal fluid leak to minimize the risk of invasive pneumococcal disease caused by serotypes unique to PPSV23 in these vulnerable groups.
- For guidance for patients who have already received a previous dose of PCV13 and/or PPSV23, see <https://www.cdc.gov/mmwr/volumes/71/wr/mm7104a1.htm>.

\*Note: Immunocompromising conditions include chronic renal failure, nephrotic syndrome, immunodeficiency, iatrogenic immunosuppression, generalized malignancy, human immunodeficiency virus, Hodgkin disease, leukemia, lymphoma, multiple myeloma, solid organ transplants, congenital or acquired asplenia, sickle cell disease, or other hemoglobinopathies.

Older vaccination schedule:

PCV-13 (Prevnar)      Date received: \_\_\_\_\_      Lot number: \_\_\_\_\_

PPSV-23 (Pneumovax)      Date received: \_\_\_\_\_      Lot number: \_\_\_\_\_

Physician Name:

Address:

Phone Number:

Physician's Signature: \_\_\_\_\_