

VACCINE PASSPORT for

COVID-19

(Ask your health care provider about what it means to be up-to-date.)



Fall, Date Received _____

Next Dose Due _____

INFLUENZA, ANNUAL

(Receive this before October 31.)



Fall, Date Received _____

Next Dose Due _____

RSV

Respiratory Syncytial Virus
(Receive this in October.)



Fall, Date Received _____

Next Dose Due _____

Talk to your doctor about a one-time dose with coverage for two seasons.

PNEUMOCOCCAL



Dose 1, Date Received _____

Dose 2 (if needed),
Date Received _____

SHINGLES



Dose 1, Date Received _____

Next Dose Due _____

Dose 2, Date Received _____

Series Completed

TDAP/TD

Tetanus, Diphtheria and
Pertussis

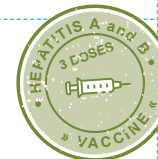


One Dose, Date Received _____

Next Dose Due _____

Frequency: One time every 10 years.

HEPATITIS A and B



Dose 1, Date Received _____

Next Dose Due _____

Dose 2, Date Received _____

Next Dose Due _____

Dose 3, Date Received _____

Series Completed

This vaccine passport has been made especially for you.

- Learn which vaccines help protect you and others when living in a community.
- Use this passport to record your current and future vaccines.

Use shared medical decision making.

- Talk to your doctor.
- Protect yourself against severe illness.