

# Vaccination Wallet Card

The card below is a wallet-sized vaccination record. The top left section is to be completed by the patient. The card can then be cut and folded where indicated for easy storage and reference in one's wallet or purse. The other sections can be completed by the patient's healthcare team to help ensure accurate recall of past vaccinations, recording current vaccinations, and to increase communication between healthcare professionals when completing a vaccine schedule.

Cut Here	Fold Here	Cut Here																																																																																																																
Cut Here	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="6" style="text-align: center;"><b>Vaccination Record</b></td> <td rowspan="10" style="text-align: center; vertical-align: middle;"><b>Influenza</b></td> <td style="text-align: center;">Type of Vaccine</td> <td style="text-align: center;">Date Given</td> <td style="text-align: center;">Dose</td> <td style="text-align: center;">Healthcare Provider/ Clinic</td> <td style="text-align: center;">Date Next Dose Due</td> </tr> <tr> <td colspan="6" style="text-align: center;">COVID-19 • Hepatitis B • Flu • Pneumonia</td> <td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="6" style="text-align: center;">Name</td> <td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="3" style="text-align: center;">Date of Birth</td> <td colspan="3" style="text-align: center;">Phone Number</td> <td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="3" style="text-align: center;">Emergency Contact Name</td> <td colspan="3" style="text-align: center;">Phone Number</td> <td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="6" style="text-align: center;">Primary Care Physician</td> <td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="6" style="text-align: center;">Nephrologist</td> <td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="6" style="text-align: center;"> </td> <td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="6" style="text-align: center;"> </td> <td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="6" style="text-align: center;"> </td> <td></td><td></td><td></td><td></td><td></td> </tr> </table>		<b>Vaccination Record</b>						<b>Influenza</b>	Type of Vaccine	Date Given	Dose	Healthcare Provider/ Clinic	Date Next Dose Due	COVID-19 • Hepatitis B • Flu • Pneumonia											Name											Date of Birth			Phone Number								Emergency Contact Name			Phone Number								Primary Care Physician											Nephrologist																																												Cut Here
<b>Vaccination Record</b>						<b>Influenza</b>	Type of Vaccine	Date Given		Dose	Healthcare Provider/ Clinic	Date Next Dose Due																																																																																																						
COVID-19 • Hepatitis B • Flu • Pneumonia																																																																																																																		
Name																																																																																																																		
Date of Birth			Phone Number																																																																																																															
Emergency Contact Name			Phone Number																																																																																																															
Primary Care Physician																																																																																																																		
Nephrologist																																																																																																																		
Fill in this Section			<p style="color: blue; font-weight: bold;"><i>Be sure to alert the patient that once completed, this card contains personal health information and should be safeguarded.</i></p>																																																																																																															
Fold Here	Fold Here																																																																																																																	
Cut Here	Fold Here		Cut Here																																																																																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="text-align: center; vertical-align: middle;"><b>COVID-19</b></td> <td style="text-align: center;">Type of Vaccine</td> <td style="text-align: center;">Date Given</td> <td style="text-align: center;">Dose</td> <td style="text-align: center;">Healthcare Provider/ Clinic</td> <td style="text-align: center;">Date Next Dose Due</td> <td rowspan="10" style="text-align: center; vertical-align: middle;"><b>Pneumococcal</b></td> <td style="text-align: center;">Type of Vaccine</td> <td style="text-align: center;">Date Given</td> <td style="text-align: center;">Dose</td> <td style="text-align: center;">Healthcare Provider/ Clinic</td> <td style="text-align: center;">Date Next Dose Due</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> <td style="text-align: center;">PCV13</td> <td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="6" style="text-align: center;">History of COVID-19: Yes / No (circle one)      Date:</td> <td style="text-align: center;">PPSV23</td> <td></td><td></td><td></td><td></td> </tr> <tr> <td rowspan="4" style="text-align: center; vertical-align: middle;"><b>Hepatitis B</b></td> <td style="text-align: center;">Type of Vaccine</td> <td style="text-align: center;">Date Given</td> <td style="text-align: center;">Dose</td> <td style="text-align: center;">Healthcare Provider/ Clinic</td> <td style="text-align: center;">Date Next Dose Due</td> <td colspan="5" style="text-align: center;"><b>Dialysis Clinic</b></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td> <td colspan="5" style="text-align: center;">Name</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td> <td colspan="5" style="text-align: center;">Phone</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td> <td colspan="5" style="text-align: center;">City, State</td> </tr> <tr> <td colspan="4" style="text-align: center;">Core Antigen HBSAG: + / - (circle one)</td> <td colspan="2" style="text-align: center;">Date:</td> <td colspan="5"></td> </tr> </table>		<b>COVID-19</b>	Type of Vaccine	Date Given	Dose	Healthcare Provider/ Clinic	Date Next Dose Due	<b>Pneumococcal</b>	Type of Vaccine	Date Given	Dose	Healthcare Provider/ Clinic	Date Next Dose Due							PCV13					History of COVID-19: Yes / No (circle one)      Date:						PPSV23					<b>Hepatitis B</b>	Type of Vaccine	Date Given	Dose	Healthcare Provider/ Clinic	Date Next Dose Due	<b>Dialysis Clinic</b>										Name										Phone										City, State					Core Antigen HBSAG: + / - (circle one)				Date:							Cut Here																										
<b>COVID-19</b>	Type of Vaccine		Date Given	Dose	Healthcare Provider/ Clinic	Date Next Dose Due	<b>Pneumococcal</b>		Type of Vaccine	Date Given	Dose	Healthcare Provider/ Clinic	Date Next Dose Due																																																																																																					
									PCV13																																																																																																									
History of COVID-19: Yes / No (circle one)      Date:						PPSV23																																																																																																												
<b>Hepatitis B</b>	Type of Vaccine	Date Given	Dose	Healthcare Provider/ Clinic	Date Next Dose Due	<b>Dialysis Clinic</b>																																																																																																												
						Name																																																																																																												
						Phone																																																																																																												
						City, State																																																																																																												
Core Antigen HBSAG: + / - (circle one)				Date:																																																																																																														
Fold Here			Cut Here																																																																																																															