

# 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 the patient's wallet/purse. The other sections can be completed by the patient's healthcare team to help ensure accurate vaccination documentation, current vaccination recording, and increase communication between healthcare professionals for vaccine schedule completion.

**Cut Here** **Cut Here** **Cut Here**

**Cut Here** **Fold Here** **Cut Here**

**FILL IN THIS SECTION**

<b>I AM ON DIALYSIS</b>						<b>Pneumococcal</b>	Type of Vaccine	Date Given	Dose	Healthcare Provider/Clinic	Date Next Dose Due	
Vaccination Record for Hepatitis B • Pneumonia • Flu							CV 13					
Name								PPSV 23				
Date of Birth			Phone Number									
Emergency Contact Name			Phone Number				<b>Other</b> (Td, Shingles, PPD)					
Primary Care Physician												
Nephrologist												
<b>Hepatitis B</b>	Type of Vaccine	Date Given	Dose	Healthcare Provider/Clinic	Date Next Dose Due		<b>Influenza</b>	Vaccine	Date Given	Dose	Healthcare Provider/Clinic	Date Next Dose Due
Core Antigen HBSAG						Dialysis Clinic						
		+/-			Date	Name:				City:		
						Phone:				State:		

**Cut Here** **Fold Here** **Cut Here**

**Cut Here** **Cut Here** **Cut Here**

Be sure to alert the patient that once completed, this card contains personal health information and should be safeguarded.