

# 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.

<b>Cut Here</b>	<b>Fold Here</b>										<b>Cut Here</b>	
<b>Fill in this Section</b>	<b>Vaccination Record</b>					<b>Influenza</b>						<b>Be sure to alert the patient that once completed, this card contains personal health information and should be safeguarded.</b>
	COVID-19 • Hepatitis B • Flu • Pneumonia						Type of Vaccine	Date Given	Dose	Healthcare Provider/Clinic	Date Next Dose Due	
	Name											
	Date of Birth						Phone Number					
	Emergency Contact Name						Phone Number					
	Primary Care Physician						Phone Number					
	Nephrologist						Phone Number					
<b>Fold Here</b>	<b>Fold Here</b>										<b>Fold Here</b>	
<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	
History of COVID-19: Yes / No <i>(circle one)</i>					Date:							
<b>Hepatitis B</b>	Type of Vaccine	Date Given	Dose	Healthcare Provider/Clinic	Date Next Dose Due	<b>Dialysis Clinic</b>						
						Name						
						Phone Number		City, State				
Core Antigen HBSAG: + / - <i>(circle one)</i>					Date:							
<b>Cut Here</b>	<b>Cut Here</b>										<b>Cut Here</b>	