



Immunization Card

Name: _____ Date of Birth: _____

Kidney Doctor: _____ Primary Care Doctor: _____

Staying current with your healthcare vaccinations can help you stay healthy and out of the hospital. Use this immunization card to keep track of your vaccinations and schedule future vaccinations.

	Type of Vaccine	Date Given	Dose	Healthcare Provider/Clinic	Date Next Dose Due		
Influenza (Flu) (1x a year)							
Hepatitis B (3 doses)							
Pneumococcal (PCV13, PCV15, PCV20, PPSV23)	PCV13						
	PCV15						
	PCV20						
	PPSV23						
Shingles (2 doses, 6 months apart)							
COVID 19 Vaccination							
	Manufacturer	Date Given	Dose 1	Dose 2	Dose 3	Dose 4	Date Next Dose Due
COVID-19							

Once you start to complete this card, it will contain personal health information. Please keep it in a secure place.