Another resource from ***PATIENT AND CAREGIVER SUPPORT****

VACCINATION / IMMUNIZATION RECORD

***Dedicated to providing CARE (*Connections, Assistance, Resources and Encouragement*) for patients, caregivers, spouses and families**

10/10

Name:_____ **Date of Birth:**_____ **Page number:**_____

DATE	VACCINE	DOSE	FACILITY, SIGNATURE AND/OR STAMP

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Always seek the advice of your physician or other qualified health provider prior to making decisions about your medical care.

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