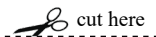


# I Got My Shot: Dialysis Patient Vaccination Card

You may receive vaccinations outside the dialysis clinic. If so, it is important to report that information to dialysis care providers. Use this vaccination card to help you keep track of vaccinations. Also, remember to report the information to your dialysis team.



## Adult Immunization Record

Always carry this record with you and have your healthcare professional or clinic keep it up to date.

Last Name
First Name
M.I.

Date of Birth
Patient Phone Number

Medical Notes (e.g. allergies, vaccine reactions):

Healthcare Provider: List the mo/day/yr for each vaccination given. Record the generic abbreviation (e.g. PCV7, DTaP-IPV/Hib), not the trade name. For combination vaccines, fill in a row for each separate antigen in the combination.

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Vaccine	Type of Vaccine	Date Given mm/dd/yy	Healthcare Professional or Clinic	Date Next Dose Due
Influenza				
Hepatitis B				
Pneumococcal (PCV13, PPSV23, PCV15, PCV20, PCV21)				
COVID-19				
Additional Vaccine/Booster				

esrd.qsource.org
To learn more about vaccines, visit [www.vaccineinformation.org](http://www.vaccineinformation.org) and [www.immunize.org](http://www.immunize.org)

Your vaccination information can be sent directly to the dialysis care provider. Simply give the dialysis center contact information listed below to your vaccinations administrator.

Dialysis Unit Name: \_\_\_\_\_

Dialysis Unit Phone number: \_\_\_\_\_

Dialysis Unit Fax number: \_\_\_\_\_

Dialysis Unit Email: \_\_\_\_\_

For more information or to file a grievance, please contact:

### Qsource ESRD Networks

3725 Champion Hills Drive, Ste. 3100  
Memphis, TN 38125

ESRD Network 10: Toll-Free: 800-456-6919

ESRD Network 12: Toll-Free: 800-444-9965



[esrd.qsource.org](http://esrd.qsource.org)

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