

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.

Birthdate
Patient 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-IPW/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				
Pneumococcal PCV15				
Pneumococcal PCV20				
Pneumococcal PCV23				
COVID-19				
Additional Vaccine/Booster				

esrd.qsource.org
To learn more about vaccines, visit www.vaccineinformation.org and 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:

ESRD Network 10 (IL)
911 E. 86th St., Ste. 30
Indianapolis, IN 46240
Toll-Free: (800) 456-6919
ESRDNetwork10@qsource.org

ESRD Network 12 (IA, KS, MO, NE)
2300 Main St., Ste. 900
Kansas City, MO 64108
Toll-Free: (800) 444-9965
ESRDNetwork12@qsource.org



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