

My Vaccine Plan

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Hepatitis B

- ☐ Non-Responder
- ☐ Series Complete

First Shot

Date: _____
Location: _____

Second Shot

Date: _____
Location: _____

Third Shot

Date: _____
Location: _____

Pneumococcal Pneumonia

- ☐ Fully Vaccinated
- ☐ Currently Up to Date
- Next Scheduled
Vaccine Below

PCV 20 or PCV 21

Date: _____
Location: _____

PPSV23

Date: _____
Location: _____

PCV 15

Date: _____
Location: _____

Influenza

- ☐ Up to Date for
Current Flu Season
(Aug.-Apr.)
- ☐ Not Applicable

Annual Flu Vaccine

Date: _____
Location: _____

COVID-19

- ☐ Up to Date With
COVID Vaccines

First Shot

Date: _____
Location: _____

Second Shot

Date: _____
Location: _____

Third Shot

Date: _____
Location: _____

RSV

- ☐ Not Applicable
- ☐ Up to Date With
Vaccine

Scheduled Shot

Date: _____
Location: _____

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

ESRD Network 10 | 8245 Tournament Dr., Suite 201 | Memphis, TN 38125 | Toll-Free: 800-456-6919

ESRD Network 12 | 8245 Tournament Dr., Suite 201 | Memphis, TN 38125 | Toll-Free: 800-444-9965



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