

## Please write after each vaccine the date it was received.

- **Influenza (Flu)**

You should receive this vaccine once every year.

Please list date you receive this vaccine each year.

Influenza (Flu) Year 1:	Influenza (Flu) Year 5:
Influenza (Flu) Year 2:	Influenza (Flu) Year 6:
Influenza (Flu) Year 3:	Influenza (Flu) Year 7:
Influenza (Flu) Year 4:	Influenza (Flu) Year 8:

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## **Adult Multiple Dose - Multiple Administration Vaccines**

- **Pneumococcal pneumonia**

You should receive up to three doses of this vaccine in your lifetime, with doses being five years apart.

Circle type: **PCV 13** / **PPV 23** Date: \_\_\_\_\_

Circle type: **PCV 13** / **PPV 23** Date: \_\_\_\_\_

Circle type: **PCV 13** / **PPV 23** Date: \_\_\_\_\_

- **TD (tetanus/diphtheria)**

You should receive this vaccine once every ten years.

Date: \_\_\_\_\_

- **COVID-19**

Dose 1 Date: \_\_\_\_\_

Dose 2 (if required) Date: \_\_\_\_\_

Annual Booster Date: \_\_\_\_\_

Please take some time to follow the steps below to complete this adult vaccination record so you can say,

**“I Did It! I Got Vaccinated!”**

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## Adult Multiple Dose - Single Administration Vaccines

- **MMR (measles, mumps, rubella)**

You should receive two doses of this vaccine in your lifetime.

Dose 1 Date: \_\_\_\_\_

Dose 2 Date: \_\_\_\_\_

- **HPV (females up to age 24, males to age 21)**

You should receive two doses of this vaccine in your lifetime.

Dose 1 Date: \_\_\_\_\_

Dose 2 Date: \_\_\_\_\_

- **Varicella (chicken pox)**

You should receive two doses of this vaccine in your lifetime.

Dose 1 Date: \_\_\_\_\_

Dose 2 Date: \_\_\_\_\_

### Step 1 -

Take this vaccine record to your next primary care office visit, and ask your doctor to complete the requested information for all of the vaccines you have received.\*

### Step 2 -

Discuss with your doctor which vaccines you should receive to stay healthy and protected.

### Step 3 -

Make sure you get the vaccines your doctor has recommended.

### Step 4 -

Return the vaccination record to your dialysis clinic to join the “I Did It – I Got Vaccinated” program at your clinic.



\*If your primary care physician does not have records of certain vaccines you have received, check with your dialysis team. They may be able to help you fill-in the information your primary care physician was not able to provide.

# Protect yourself. Get the vaccines you need.

Vaccines are a safe way to protect you from serious illness.

Every year thousands of adults in the United States are hospitalized, and even die because of a disease for which a vaccine is available. Even if you have had all of your vaccines when you were a child, the protection of some of the vaccines you received can wear off. You may also be at risk for other diseases due to your job, lifestyle, travel, or health conditions. These diseases can be prevented with vaccines.

As a person with kidney disease it is important that keep yourself healthy in every way possible. Making sure you have the vaccinations you need to protect yourself is a key step in maintaining your health.

Once you have those vaccinations, **you also need to record which ones you have received and when you received them.** This is important information for your doctors and the rest of your healthcare team to have.

This booklet is also **a guide** for the vaccines you should be getting. It also provides you with one easy-to-use resource to record all of your vaccines. You can then share the information in this booklet with your healthcare team when they ask about which vaccines you have received.



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## • Hepatitis B

Administered in a series, one time with booster if loss of immunity on testing.

Dose 1 Date: \_\_\_\_\_

Dose 2 Date: \_\_\_\_\_

Dose 3 Date: \_\_\_\_\_

Dose 4 Date: \_\_\_\_\_

Booster #1 Date: \_\_\_\_\_

Booster #2 Date: \_\_\_\_\_

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## Adult Single Dose Vaccines

### • Tdap (Whooping cough, diphtheria, pertussis)

You should receive this vaccine once in your lifetime, between the ages of 11 and 64.

Date: \_\_\_\_\_

### • Zoster Vaccine (shingles)

You should receive this vaccine once in your lifetime.

Date: \_\_\_\_\_



End-Stage Renal Disease  
Network Program



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

**IPRO End-Stage Renal Disease Network Program  
(Networks 1, 2, 6, and 9)**

**Corporate Office:  
1979 Marcus Avenue  
Lake Success, NY 11042-1072**

**Toll-Free: (800) 238-3773**

**Website: [esrd.ipro.org](http://esrd.ipro.org)**

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Network Program

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

# My Vaccination Record



**with adult vaccination recommendations  
for persons with kidney disease  
and those on dialysis\***

**Name** \_\_\_\_\_

**\*As recommended by  
Centers for Disease Control and Prevention (CDC)**