	Personal Immunization Card TOTALWELLNES
Nurse's Name:	Nurse's Name:
Nurse's Phone Number: 402-964-0542	Nurse's Phone Number: 402-964-0542
Name of Vaccine: Inactivated Influenza Vaccine	Name of Vaccine: Inactivated Influenza Vaccine
Dosage: 0.5 mL	Dosage: _0.5 mL
Location of Injection:	Location of Injection:
Date of Administration:	Date of Administration:
www.totalwellite35ileatti.com	www.totalwellnesshealth.com
Personal Immunization Card TOTALWELNESS	Personal Immunization Card TOTALWELLINE
Nurse's Name:	Nurse's Name:
Nurse's Phone Number: 402-964-0542	Nurse's Phone Number: 402-964-0542
Name of Vaccine: <u>Inactivated Influenza Vaccine</u>	Name of Vaccine: <u>Inactivated Influenza Vaccine</u>
Dosage: 0.5 mL	Dosage: 0.5 mL
Location of Injection:	Location of Injection:
Date of Administration: www.totalwellnesshealth.com	Date of Administration: www.totalwellnesshealth.com
Personal Immunization Card TOTAL VELL NESS Nurse's Name:	Www.totalwellnesshealth.com Personal Immunization Card Nurse's Name:
Personal Immunization Card Nurse's Name: Nurse's Phone Number:402-964-0542	Personal Immunization Card Nurse's Name: Nurse's Phone Number: 402-964-0542
Personal Immunization Card Nurse's Name: Nurse's Phone Number: 402-964-0542 Name of Vaccine: Inactivated Influenza Vaccine	Personal Immunization Card Nurse's Name: Nurse's Phone Number: 402-964-0542 Name of Vaccine: Inactivated Influenza Vaccine
Personal Immunization Card Nurse's Name: Nurse's Phone Number:402-964-0542	Personal Immunization Card Nurse's Name: Nurse's Phone Number: 402-964-0542 Name of Vaccine: Inactivated Influenza Vaccine
Personal Immunization Card Nurse's Name: Nurse's Phone Number:402-964-0542 Name of Vaccine:Inactivated Influenza Vaccine	Personal Immunization Card Nurse's Name: Nurse's Phone Number: 402-964-0542
Personal Immunization Card Nurse's Name: Nurse's Phone Number:402-964-0542 Name of Vaccine:Inactivated Influenza Vaccine Dosage:0.5 mL	Personal Immunization Card Nurse's Name: Nurse's Phone Number: 402-964-0542 Name of Vaccine: Inactivated Influenza Vaccine Dosage: 0.5 mL
Personal Immunization Card Nurse's Name: Nurse's Phone Number:	Personal Immunization Card Nurse's Name:
Personal Immunization Card Nurse's Name: Nurse's Phone Number:402-964-0542 Name of Vaccine:Inactivated Influenza Vaccine Dosage:0.5 mL Location of Injection: Date of Administration:	Personal Immunization Card Nurse's Name: Nurse's Phone Number: 402-964-0542 Name of Vaccine: Inactivated Influenza Vaccine Dosage: 0.5 mL Location of Injection: Date of Administration:
Personal Immunization Card Nurse's Name: Nurse's Phone Number:402-964-0542 Name of Vaccine:Inactivated Influenza Vaccine Dosage:0.5 mL Location of Injection: Date of Administration:	Personal Immunization Card Nurse's Name: Nurse's Phone Number: 402-964-0542 Name of Vaccine: Inactivated Influenza Vaccine Dosage: 0.5 mL Location of Injection: Date of Administration: www.totalwellnesshealth.com
Personal Immunization Card Nurse's Name:	Personal Immunization Card Nurse's Name: Nurse's Phone Number: 402-964-0542 Name of Vaccine: Inactivated Influenza Vaccine Dosage: 0.5 mL Location of Injection: Date of Administration: www.totalwellnesshealth.com
Personal Immunization Card Nurse's Name:	Personal Immunization Card Nurse's Name:
Personal Immunization Card Nurse's Name:	Personal Immunization Card Nurse's Name: Nurse's Phone Number: 402-964-0542 Name of Vaccine: Inactivated Influenza Vaccine Dosage: 0.5 mL Location of Injection: Date of Administration: www.totalwellnesshealth.com
Personal Immunization Card Nurse's Name:	Personal Immunization Card Nurse's Name: Nurse's Phone Number: 100

www.totalwellnesshealth.com

Date of Administration:

Date of Administration: