

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: _____

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: _____

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: _____

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: _____

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: _____

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: _____

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: _____

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