Influenza Vaccination Information

Vaccine	Dose	Lot Number	Manufacturer	Date
2009 H1N1	1st			__ __ / __ __ / __ __ (mm dd yy)
2009 H1N1	2nd			__ __ / __ __ / __ __ (mm dd yy)
2009–10 Seasonal	1st			__ __ / __ __ / __ __ (mm dd yy)
2009–10 Seasonal	2nd			__ __ / __ __ / __ __ (mm dd yy)

Attention: Complete this section if a second dose is recommended.

***Reminder!* Return for a second dose! /**
***¡Recuerde!* ¡Regrese por la segunda dosis!**

☐ **2009 H1N1 influenza vaccine** Date/Fecha: __ __ / __ __ / __ __ (mm dd yy/aa)
Vacuna contra la influenza H1N1 2009

☐ **2009–2010 seasonal influenza vaccine** Date/Fecha: __ __ / __ __ / __ __ (mm dd yy/aa)
Vacuna contra la influenza estacional 2009–2010

CS208090-A

Influenza Vaccination Information

Vaccine	Dose	Lot Number	Manufacturer	Date
2009 H1N1	1st			__ __ / __ __ / __ __ (mm dd yy)
2009 H1N1	2nd			__ __ / __ __ / __ __ (mm dd yy)
2009–10 Seasonal	1st			__ __ / __ __ / __ __ (mm dd yy)
2009–10 Seasonal	2nd			__ __ / __ __ / __ __ (mm dd yy)

Attention: Complete this section if a second dose is recommended.

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***¡Recuerde!* ¡Regrese por la segunda dosis!**

☐ **2009 H1N1 influenza vaccine** Date/Fecha: __ __ / __ __ / __ __ (mm dd yy/aa)
Vacuna contra la influenza H1N1 2009

☐ **2009–2010 seasonal influenza vaccine** Date/Fecha: __ __ / __ __ / __ __ (mm dd yy/aa)
Vacuna contra la influenza estacional 2009–2010

CS208090-A

Influenza Vaccination Information

Vaccine	Dose	Lot Number	Manufacturer	Date
2009 H1N1	1st			__ __ / __ __ / __ __ (mm dd yy)
2009 H1N1	2nd			__ __ / __ __ / __ __ (mm dd yy)
2009–10 Seasonal	1st			__ __ / __ __ / __ __ (mm dd yy)
2009–10 Seasonal	2nd			__ __ / __ __ / __ __ (mm dd yy)

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☐ **2009 H1N1 influenza vaccine** Date/Fecha: __ __ / __ __ / __ __ (mm dd yy/aa)
Vacuna contra la influenza H1N1 2009

☐ **2009–2010 seasonal influenza vaccine** Date/Fecha: __ __ / __ __ / __ __ (mm dd yy/aa)
Vacuna contra la influenza estacional 2009–2010

CS208090-A

Influenza Vaccination Information

Vaccine	Dose	Lot Number	Manufacturer	Date
2009 H1N1	1st			__ __ / __ __ / __ __ (mm dd yy)
2009 H1N1	2nd			__ __ / __ __ / __ __ (mm dd yy)
2009–10 Seasonal	1st			__ __ / __ __ / __ __ (mm dd yy)
2009–10 Seasonal	2nd			__ __ / __ __ / __ __ (mm dd yy)

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☐ **2009 H1N1 influenza vaccine** Date/Fecha: __ __ / __ __ / __ __ (mm dd yy/aa)
Vacuna contra la influenza H1N1 2009

☐ **2009–2010 seasonal influenza vaccine** Date/Fecha: __ __ / __ __ / __ __ (mm dd yy/aa)
Vacuna contra la influenza estacional 2009–2010

CS208090-A

Influenza Vaccination Information

Vaccine	Dose	Lot Number	Manufacturer	Date
2009 H1N1	1st			__ __ / __ __ / __ __ (mm dd yy)
2009 H1N1	2nd			__ __ / __ __ / __ __ (mm dd yy)
2009–10 Seasonal	1st			__ __ / __ __ / __ __ (mm dd yy)
2009–10 Seasonal	2nd			__ __ / __ __ / __ __ (mm dd yy)

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☐ **2009 H1N1 influenza vaccine** Date/Fecha: __ __ / __ __ / __ __ (mm dd yy/aa)
Vacuna contra la influenza H1N1 2009

☐ **2009–2010 seasonal influenza vaccine** Date/Fecha: __ __ / __ __ / __ __ (mm dd yy/aa)
Vacuna contra la influenza estacional 2009–2010

CS208090-A

Influenza Vaccination Information

Vaccine	Dose	Lot Number	Manufacturer	Date
2009 H1N1	1st			__ __ / __ __ / __ __ (mm dd yy)
2009 H1N1	2nd			__ __ / __ __ / __ __ (mm dd yy)
2009–10 Seasonal	1st			__ __ / __ __ / __ __ (mm dd yy)
2009–10 Seasonal	2nd			__ __ / __ __ / __ __ (mm dd yy)

Attention: Complete this section if a second dose is recommended.

***Reminder!* Return for a second dose! /**
***¡Recuerde!* ¡Regrese por la segunda dosis!**

☐ **2009 H1N1 influenza vaccine** Date/Fecha: __ __ / __ __ / __ __ (mm dd yy/aa)
Vacuna contra la influenza H1N1 2009

☐ **2009–2010 seasonal influenza vaccine** Date/Fecha: __ __ / __ __ / __ __ (mm dd yy/aa)
Vacuna contra la influenza estacional 2009–2010

CS208090-A

Influenza Vaccination Record

Provider: (name, address, phone)

Full name / Nombre completo:

Date of birth / Fecha de nacimiento: ____/____/____ mm dd yy/aa

Attention! / ¡Atención!

Keep this Vaccination Record for at least 1 year after your last vaccination. / Conserve este registro de vacunación hasta por lo menos 1 año después de recibir la última vacuna.

What if I think I am having a reaction to a vaccination?
- Contact your doctor or your local health department if you don't have a doctor
- Tell your doctor what happened
- Show your doctor this Vaccination Record
- You or your doctor should report the reaction to the **Vaccine Adverse Event Reporting System (VAERS) at 1-800-822-7967 or http://vaers.hhs.gov**

¿Qué hago si creo que tengo una reacción a la vacuna?
- Contacte a su médico o al departamento de salud local si no tiene un médico personal
- Infórmele a su médico la reacción que tuvo
- Muéstrele al médico este registro de vacunación
- Usted o el médico debe reportar la reacción al **Sistema de Notificación de Reacciones Adversas a las Vacunas (VAERS) al 1-800-822-7967 o http://vaers.hhs.gov**