

My Immunization Record

At any age, immunization provides the longest lasting, most effective protection against diseases. For more information, speak with your **Pharmasave pharmacist**.

First / Last Name: _____

Date Given (DD/MM/YYYY)	Vaccine Name	Dose	Next Dose Due (DD/MM/YYYY)

Keep this record up to date and in a safe place.



Visit our Adult Vaccinations page on [Pharmasave.com](https://www.pharmasave.com) to learn about which vaccinations are recommended for you.



Store Name: _____
Address: _____
Store Phone Number: _____



Sign up for *eCare@Pharmasave* and have all your medical records at your fingertips