



My Immunization Record

Name: _____

Birthdate: _____

Address: _____

City/Prov: _____

Phone: _____

Email: _____

Notes:			
Date Given (DD/MM/YY)	Dose	Vaccine Details (DIN, Lot#, Expiry date)	Next Dose Due (DD/MM/YY)

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At any age, immunizations provide the longest lasting, most effective protection against many diseases.

Your **Pharmasave pharmacists** are trained, qualified healthcare professionals who can help manage you and your loved ones' health.

Ask your **Pharmasave pharmacist** about these services:

- ✓ Information, resources, tools and more for managing diabetes
- ✓ Recommendations and administration of routine vaccinations and travel vaccinations
- ✓ Advice and recommended treatment options for common ailments such as seasonal allergies, skin conditions, cough and cold, pink eye and more
- ✓ **MedAlign@Pharmasave** Medication Reviews for private, personalized consultations
- ✓ **MedAlign@Pharmasave** Medication Management for organization tools such as blister packs

Find your local Pharmasave



Order your prescriptions online



Learn about Adult Vaccinations



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