

Record of immunizations

Keep this record in a safe place for your medical records

Things to remember:

Name:

- Anyone receiving a vaccine must receive a proof of vaccination from the person that gave you the vaccine
- This record of immunization provided will continue to be your official record. Keep this sheet or other immunization record in a safe place as you may be requested to present proof of immunization in the future.
- Following your appointment, **register** at **myhealth.gnb.ca** to access your immunization records online.

Street address:			City:			Postal Code:		
Date and time	Vaccine name	Manufacturer	Lot number	Expiry Date	Route	Dose	Site	Immunizer's signature

_Date of birth (mm/dd/yyyy): ______Health card number: __