

PNEUMOCOCCAL VACCINATION CARD

This card is intended for the pharmacist or healthcare provider to fill out.

Please keep it so you can:

- See which pneumococcal vaccines you have received
- Understand which vaccines you may still need
- Show your vaccination progress to your healthcare provider

**Bring this card with you to every
vaccination or medical visit.**

FIRST NAME

MIDDLE
INITIAL

LAST NAME

DATE OF BIRTH

When fully completed, keep this card for your records and ask your treating provider or call 1.888.765.4747 to obtain a new card.

PNEUMOCOCCAL VACCINATION HISTORY

PNEUMOCOCCAL VACCINE*	DOSE	DOSE (if applicable)	DOSE (if applicable)	DOSE (if applicable)
TYPE OF VACCINE				
DATE				
VACCINATION SITE				

*To learn more about the latest recommendations regarding pneumococcal vaccinations for patients prescribed complement inhibitors, see the Advisory Committee on Immunization Practices (ACIP) recommendations at www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/pneumo.html.

A note to the patient about timing (vaccination provider to fill out):

Since you received your previous dose on _____ (date), you should **RETURN** for your next dose on or after _____ (date).

IF APPLICABLE:

Since you received your previous dose on _____ (date), you should **RETURN** for your next dose on or after _____ (date).

Since you received your previous dose on _____ (date), you should **RETURN** for your next dose on or after _____ (date).

For **comprehensive vaccination support**, reach out to OneSource™—a complimentary patient support program offered by Alexion and designed to support your specific needs:

Call **1.888.765.4747** Visit **AlexionOneSource.com** Email **OneSource@Alexion.com**



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