



*As Native American people, we need
to keep our circle **PROTECTED AND STRONG.***

WE ARE VACCINATED ... ARE YOU?

Talk to your doctor or other provider about getting vaccinated today.
Check out [cdc.gov/vaccines/adults](https://www.cdc.gov/vaccines/adults) for more information.

MY VACCINES

TO KEEP TRACK OF YOUR VACCINATIONS,
WRITE DOWN THE DATE THAT YOU RECEIVED EACH.

*"ALL ADULTS NEED
VACCINES TO PROTECT
THEIR HEALTH."(CDC)*

NAME: _____ DATE OF BIRTH: _____

INFLUENZA (FLU) – DATES (1 PER YEAR): _____

TDAP – DATE: _____ **TD** – (1 EVERY 10 YEARS): _____

SHINGLES/ZOSTER – DATE: _____

PNEUMOCOCCAL

PCV13 (CONJUGATE) – DATE: _____

PPSV23 (POLYSACCHARIDE) – DATE: _____

HPV – DOSE 1 DATE: _____ DOSE 2 DATE: _____ DOSE 3 DATE: _____

HEPATITIS A – DOSE 1 DATE: _____ DOSE 2 DATE: _____

HEPATITIS B – DOSE 1 DATE: _____ DOSE 2 DATE: _____ DOSE 3 DATE: _____

