Vaccine record wallet card

Print, cut along the dashed line and fold in half. Keep it with your health card.

fold

LUNGNSPEI

My vaccine record

Name _____

Health card no. _____

Lung condition(s) _____

Emergency contact _____

Vaccine	Date	Where
Influenza		
COVID-19		
Pneumococcal		
RSV		
Tdap		
Shingles (1)		
Shingles (2)		

fold

LUNGNSPEI

My vaccine record

Name _____

Health card no. _____

Lung condition(s) _____

Emergency contact _____

Vaccine	Date	Where
Influenza		
COVID-19		
Pneumococcal		
RSV		
Tdap		
Shingles (1)		
Shingles (2)		

Tip: print at 100% (actual size). Ask your pharmacist or provider to fill in each new vaccine.

General information based on Canadian immunization guidance as of 2026. It does not replace advice from your healthcare provider or pharmacist. Provincial eligibility for publicly funded vaccines varies.