How to use this tool

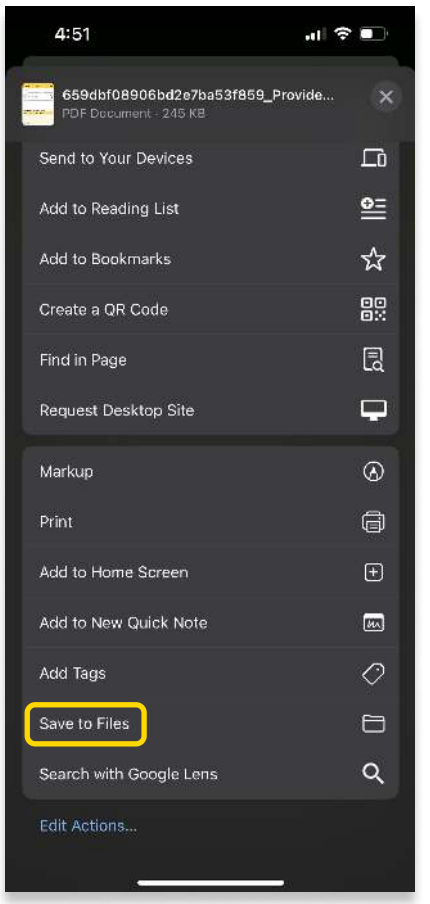
If you want to use the digital version

1. If you download on desktop, once you open up the form you will see light blue boxes above the lines. Click on each blue box and type your answers into the form.
2. If you download on mobile, once you open up the form you won't see boxes but you will be able to type above each line. Zoom in, click and type your answers into the form.
3. Take it with you when you see your provider.
4. Click the 'download the app' or 'email the care team' button on the last page to get more help.

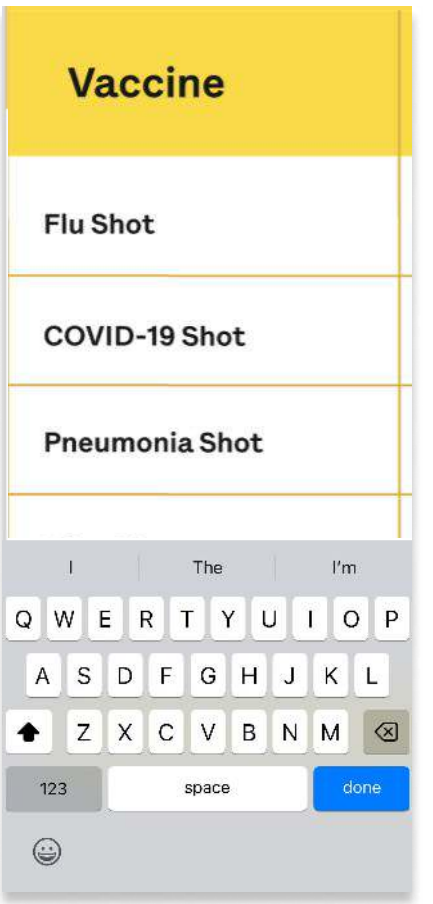
How to download and edit on iOS



Click the top right icon



Select 'Save to Files'



Open up, zoom in and edit by clicking on lines & typing

If you want to use the print version

1. Print it out and fill it in whenever you go to a new provider.
2. Take it with you when you see your provider.
3. Scan the QR code on the last page to get more help.

Vaccination History

[Scene]

Your Name: _____

Tip 1: Did you download the form using your phone or computer? Tap each box and type in your answer.

Tip 2: These vaccines are recommendations from Centers for Disease Control. Bring this list to your provider to understand what is best for you.

Vaccine	Purpose	Date given	Next dose
Flu Shot			
COVID-19 Shot			
Pneumonia Shot			
Tdap Shot			
Shingles Shot			
Hepatitis B Shot			
HPV Shot			

Want help with the next steps? Download our app to talk with your care team, or send an email!

Download the app

Email the care team

Or email the care team by scanning the QR code