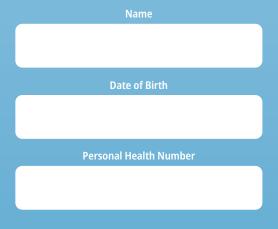
Immunization Record



For more information about immunization speak to your health care provider or visit immunizebc.ca



This is a permanent record. **Keep it in a safe place.**





| Vaccine | Lot# | Date Given (y/m/d) | Provider or Clinic |
|---------|------|-----------------------|--------------------|
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