

My Vaccine Action Plan

Developed for: _____ Date: _____ In consultation with: _____
 (Patient's Name) (Provider's Name)

This vaccine action plan supports my understanding of what vaccinations have been recommended for my child by my healthcare provider, why my child been advised to receive them and when they should be administered.

Vaccination Date	Vaccine Name	Why

I can find additional information on my recommended vaccines by visiting:

- For vaccines and vaccine preventable diseases - [Diseases & Vaccines | immunize canada](#)
- For information on vaccine ingredients - [Vaccine Ingredients | Children's Hospital of Philadelphia \(chop.edu\)](#)