

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 me by my healthcare provider, why I have 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 for [Pregnant & Lactating Persons](#) (*Immunize Canada*)