

## Vaccinations

Vaccine	When/Booster	Month/Year Received
Tetanus	<input type="checkbox"/> Received last <input type="checkbox"/> Booster every 10 years	____/____ ____/____
Pneumonia	<input type="checkbox"/> Age 18-65 once <input type="checkbox"/> Booster after age 65	____/____ ____/____
Influenza	Yearly <input type="checkbox"/> 2013 <input type="checkbox"/> 2014 <input type="checkbox"/> 2015 <input type="checkbox"/> 2016	____/____
Shingles	<input type="checkbox"/> Once over age 50	____/____

**Questions** to ask my pharmacist or physician

1. What is this medication for?
2. How and when should I take it? And for how long?
3. What happens if I miss a dose?
4. What are the side effects?
5. Can I take it with other medicines or vitamins?
6. Should I stop taking it if I feel better?

*Support provided by:*



**MYMEDS** 

- List medicines and vaccinations here.
- Keep it current.
- Put it in your wallet and carry it with you.
- Share with your pharmacist/physician.
- Take medicines as directed.



**Skaggs** School of Pharmacy  
and Pharmaceutical Sciences

UNIVERSITY OF COLORADO  
ANSCHUTZ MEDICAL CAMPUS

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School of Dental Medicine  
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Including prescriptions, supplements,  
vitamins and over-the-counter medicines

Pharmacy \_\_\_\_\_

Phone # \_\_\_\_\_

MEDICINE	WHY?	DOSE?	WHEN?	REFILL DATE
<i>Example: Simvastatin</i>	<i>Cholesterol</i>	<i>1 tablet, 20 mg</i>	<i>Once a day</i>	<i>6/1/2013</i>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
<b>DRUG ALLERGIES:</b>				

You are encouraged to review this document with your primary care provider so that you have recorded this information accurately.