

My Vaccine Action Plan

Patient Name	Date
Patient Email	Patient Telephone
Vaccine Provider	Provider Contact

About me: Age _____ DOB _____ Health conditions _____ Occupation _____ Travel plans _____ Life events _____ Other _____	Personal Preferences: <input type="checkbox"/> More shots per visit, fewer visits <input type="checkbox"/> Fewer shots per visit, more visits Sooner vaccinated = sooner protected. Multiple shots per visit recommended. My priorities: Notes:	Vaccines I need in next 12 months (check all that apply): <div> <input type="checkbox"/> COVID-19 <input type="checkbox"/> Hepatitis A _____ doses needed <input type="checkbox"/> Hepatitis B _____ doses needed <input type="checkbox"/> Human papillomavirus (HPV) <input type="checkbox"/> Influenza (flu, annual) <input type="checkbox"/> Measles-mumps-rubella (MMR) <input type="checkbox"/> Meningococcal ACWY <input type="checkbox"/> Meningococcal B <input type="checkbox"/> Mpox <input type="checkbox"/> Other _____ </div> <div> <input type="checkbox"/> Pneumococcal _____ <input type="checkbox"/> Polio <input type="checkbox"/> RSV (respiratory syncytial virus) <input type="checkbox"/> Tetanus-diphtheria-pertussis (Tdap) or (Td) [circle] <input type="checkbox"/> Varicella (chickenpox) <input type="checkbox"/> Zoster (shingles) <input type="checkbox"/> Travel _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ </div>
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My Vaccine Action Plan *(complete with your vaccine provider)*

Jan _____	Feb _____	Mar _____	Apr _____	May _____	Jun _____
Jul _____	Aug _____	Sep _____	Oct _____	Nov _____	Dec _____
Jan _____	Feb _____	Mar _____	Apr _____	May _____	Jun _____

1. Enter year for this month and following months.
2. Fill in any upcoming appointments already scheduled.
3. Add vaccines based on recommendations personalized for you. Consider vaccine series not yet complete as well as seasonal vaccines and other vaccines.
4. Schedule appointments to fill these vaccine needs. Ask for reminders to come back for appointments.

Referral for travel consults: _____ Other consults: _____

Developed by American Pharmacists Association and APhA Foundation



Adapted from work of the National Adult and Influenza Immunization Summit (NAIIS)
www.izsummitpartners.org

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Illustration: How to Complete

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CASE: Susan is 49 years old and sees you in September for influenza vaccination. Her health history and vaccination records show that she needs several other vaccines: Tdap, the current COVID-19 vaccine, and hepatitis B. She has diabetes, so she needs pneumococcal vaccination. When she turns 50 in April, she will need zoster vaccination. She has no international travel plans at present.

PATIENT INPUT: Susan is concerned about getting respiratory infections in the winter. She wants to receive her influenza, pneumococcal, and COVID-19 vaccines as soon as possible, but she wants her COVID-19 vaccination separately because she remembers systemic symptoms for a few days after her last dose. She isn't as worried about tetanus immunity but agrees to receive Tdap later. Same for HepB. She will get shingles vaccination when she turns 50.

Instructions & Choices:

1. Enter year for this month and following months. Add specific dates for appointments.
2. Fill in any upcoming appointments already scheduled (include other health services if desired).
3. List vaccines recommended in the next 12 months: Influenza, Tdap, COVID-19, hepatitis B, pneumococcal, zoster
Sort vaccines by priority in timing: Influenza, pneumococcal >> COVID-19 >> Tdap, hepatitis B >> zoster (at 50)
How many vaccinations on same visit? _____ [You've given up to four at same visit, but Susan asks for max of 2 per visit]
4. Insert plan for each vaccine dose in table below.
Ways to prioritize: a. Series underway (e.g., HepA, HepB, HPV, MenB, zoster); b. New formula (e.g., COVID-19, influenza); c. High severity (e.g., pneumococcal, HPV, RSV); d. High frequency; e. Other (e.g., grandchildren, travel)

Customize plan for each patient's needs and preferences. Keep scheduling until all vaccine needs fulfilled.

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Jan _____	Feb _____	Mar _____	Apr _____	May _____	Jun _____
Jul _____	Aug _____	Sep <u>11, 2024</u> <i>Influenza, pneumococcal</i>	Oct <u>16, 2024</u> <i>COVID-19 after mammogram</i>	Nov <u>13, 2024</u> <i>Tdap HepB #1</i>	Dec <u>11, 2024</u> <i>HepB #2</i>
Jan <u>2025</u>	Feb <u>2025</u>	Mar <u>2025</u>	Apr <u>2025</u> <i>Happy birthday! Zoster #1</i>	May <u>2025</u> <i>HepB #3</i>	Jun <u>2025</u> <i>Zoster #2</i>

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