

## MENINGOCOCCAL VACCINATIONS CARD

**This card is intended for the pharmacist or healthcare provider to fill out.**

**Please keep it so you can:**

- See which meningococcal vaccines you have received
- Understand which vaccines you may still need
- Show your vaccination progress to your doctor

**Bring this card with you to every  
vaccination or medical visit.**

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FIRST NAME

MIDDLE  
INITIAL

LAST NAME

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DATE OF BIRTH

**When fully completed, keep this card for your records and ask your treating provider or call 1.888.747.4747 to obtain a new card.**

## MENINGOCOCCAL VACCINATION HISTORY

VACCINE INFORMATION	DOSE	DOSE	DOSE	DOSE
VACCINE BRAND				
DATE				
VACCINATION SITE				

**Follow the most up-to-date Advisory Committee on Immunization Practices (ACIP) recommendations for vaccination schedule, revaccinations, and boosters.** To learn more about the latest recommendations regarding meningococcal vaccinations for patients prescribed complement inhibitors, see the ACIP recommendations at: [www.cdc.gov/acip-recs/hcp/vaccine-specific/meningococcal.html](http://www.cdc.gov/acip-recs/hcp/vaccine-specific/meningococcal.html)

### Note to patient about timing (to be filled out by vaccination provider):

- Since you received your **previous dose of** \_\_\_\_\_ (vaccine) on \_\_\_\_\_ (date), you must **RETURN for another dose on or after** \_\_\_\_\_ (date).
- Since you received your **previous dose of** \_\_\_\_\_ (vaccine) on \_\_\_\_\_ (date), you must **RETURN for another dose on or after** \_\_\_\_\_ (date).
- Since you received your **previous dose of** \_\_\_\_\_ (vaccine) on \_\_\_\_\_ (date), you must **RETURN for another dose on or after** \_\_\_\_\_ (date).

For **comprehensive vaccination support**, reach out to OneSource™—a complimentary patient support program offered by Alexion designed to support your specific needs:

Call **1.888.765.4747** Visit **AlexionOneSource.com** Email **OneSource@Alexion.com**