

## 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.**

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**

**This material is intended for residents of the United States.**



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