



**Temporary Proof of Vaccination and Site Check Reminder Sheet
(To be Completed by Clinic Staff and Kept by the Vaccinee)**

IMPORTANT: KEEP THIS FORM. BRING IT WITH YOU TO YOUR VACCINATION SITE CHECK.

Please bring this sheet with you to your vaccination site check appointment and keep it for the next 4 weeks. This sheet contains the phone number you should call if you think you are having a bad reaction to the vaccine. This sheet is also your proof of vaccination until you come back to the clinic for your vaccination site check. On that date, you will get your permanent immunization card.

TEMPORARY PROOF OF SMALLPOX VACCINATION:

Name: _____ Date vaccinated: ____/____/____
mm/dd/yyyy

PVN: _____ Clinic: _____

Clinic Telephone No.: (_____) _____ - _____ Arm Vaccinated: Left Right

APPOINTMENT FOR REQUIRED VACCINATION SITE CHECK:

You will need to get your vaccination site checked on the date below to make sure the vaccination worked.

Date of Appointment: ____/____/____ Time: _____
mm/dd/yyyy

Clinic Name: _____

Street Address _____

City _____ State _____ Zip _____

Clinic Telephone No.: (_____) _____ - _____

IF YOU THINK YOU ARE HAVING A BAD REACTION TO THE VACCINE:

Call: _____, call your health care provider, or visit an emergency room.

IMPORTANT: DO NOT DISCARD THIS FORM. BRING IT WITH YOU WHEN YOU RETURN FOR YOUR VACCINATION SITE CHECK.

For more information, visit www.cdc.gov/smallpox, or call the CDC public response hotline at (888) 246-2675 (English), (888) 246-2857 (español), or (866) 874-2646 (TTY)