

Use this tracker to keep your vaccine information in one place. Talk with your doctor or dialysis team about what vaccines (shots) you need to stay safe from getting sick.

My dialysis and vaccine information

Name: _____ Dialysis Type: _____
 Birthday: _____ Dialysis Schedule: _____
 Clinic Name: _____ Kidney Doctor: _____
 Clinic Phone: _____ Primary Doctor: _____

Vaccines are an important part of staying healthy for people on dialysis. Kidney disease weakens your immune system, but vaccines lower your risk of getting very sick or going to the hospital.

What to know about vaccines:

- Some vaccines may include more than one shot to completely protect you. You may need a booster shot at a later time to keep protecting you over many years.
- Your dialysis clinic, doctor, or pharmacy may help you get some vaccines or tell you where to go.
- Bring this tracker to dialysis, doctor visits, the pharmacy, and hospital visits.

Vaccines to ask about

Vaccine	Why it matters	What to track
Flu	Helps you stay safe from the flu and out of the hospital. Get this every year.	Date received and next yearly shot
COVID-19	Helps lower the risk of serious illness from COVID-19 and keeps you out of the hospital.	Date received and next shot due
Hepatitis B	Very important for people on dialysis. Your team will check your blood to see if you are safe.	Series dates and blood test results if provided
Pneumococcal (pneumonia)	Helps protect your lungs from bad infections.	Which pneumonia vaccine and date
Shingles	For older adults and those with special health needs like dialysis. Protects from a painful rash.	Shot 1, shot 2, and next steps
Other vaccines	Your doctor may recommend other vaccines, like Tdap, RSV, or travel vaccines.	Name, date, and next shot due

Questions to ask my doctor or care team

- Which vaccines do I need today?
- Which vaccines can I get at my dialysis clinic?
- Am I due for a hepatitis B blood test to see if I am safe?
- Do any vaccines need to be timed around dialysis treatments, medicines, transplant evaluation, or a recent infection?
- When is my next shot or booster due?
- Who should I call if I have side effects or questions after a shot?



My Vaccines

Write down each vaccine you receive. Include vaccines given at your dialysis clinic, doctor's office, pharmacy, hospital, or health department.

Vaccine record

Vaccine	Date received	Next shot due	Where I got it	Notes / side effects / questions
Flu				
COVID-19				
Hepatitis B				
Pneumococcal (pneumonia)				
Shingles				
Other vaccines				

Hepatitis B safety check

Date checked	Result / level	Am I safe?	Next step
		Yes / No / Not sure	
		Yes / No / Not sure	
		Yes / No / Not sure	
		Yes / No / Not sure	

For more information, contact the National Kidney Foundation

Toll-free help line: **855.NKF.CARES** or email: **nkfcares@kidney.org**

