

IMMUNIZATION RECORD			Pharmacy:		
Name:			HSN:		
Vaccine/Mfr.	Lot # & Expiry Date	Dose/Site/Route	Given By (initials)	Date & Time	Dose #
Shingrix GSK	3002542	0.5 mL	EH	26/7/22	1 of 2
	08/2023	LA IM		13:30	
				d/m/y	
				0:00	
				d/m/y	
				0:00	

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