UFCW LOCAL 655 WELFARE FUND

MEDICATION & IMMUNIZATION LOG

Keep this record updated and bring it to medical appointments.

MEMBER INFORMATION

Name: _____

Date of Birth: _____

Phone: _____

Emergency Contact: _____

Allergies: _____

_____

_____

MEDICATION LOG

Medication	Strength / Dose	How Often	Prescribing Provider	Start Date

IMMUNIZATION RECORD

Vaccine	Date Given	Next Dose Due	Provider / Location

NOTES

Always follow your healthcare provider's instructions.
This log is for personal recordkeeping and does not replace medical advice.