GET VACCINATED FOR **HEPATITIS A** AND **HEPATITIS B**

GET VACCINATED FOR **HEPATITIS A** AND **HEPATITIS B**

Vaccine + dose #	Date	Manufacturer/lot	Route/site	Vaccinator

Vaccine + dose #	Date	Manufacturer/lot	Route/site	Vaccinator

GET VACCINATED FOR **HEPATITIS A** AND **HEPATITIS B**

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Vaccine + dose #	Date	Manufacturer/lot	Route/site	Vaccinator

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Vaccine + dose #	Date	Manufacturer/lot	Route/site	Vaccinator
		<u> </u>		

Vaccine + dose #	Date	Manufacturer/lot	Route/site	Vaccinator

ASK YOUR HEALTHCARE PROVIDER TO PROTECT YOUR LIVER AGAINST HEPATITIS A AND HEPATITIS B WITH SAFE, EFFECTIVE VACCINATIONS.

ASK YOUR HEALTHCARE PROVIDER TO
PROTECT YOUR LIVER AGAINST
HEPATITIS A AND HEPATITIS B WITH SAFE,
EFFECTIVE VACCINATIONS.

Name of Organization

Street

City, State, Zip code

Phone number



Name of Organization

Street

City, State, Zip code

Phone number



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Name of Organization Street City, State, Zip code Phone number



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