

## Medication Record For:

\_\_\_\_\_

Name

\_\_\_\_\_

Date



**COPD**  
FOUNDATION®

*Take Action. Today. Breathe Better Tomorrow.*

## Vaccines

Vaccine: \_\_\_\_\_ Date(s): \_\_\_\_\_

Pneumonia \_\_\_\_\_

RSV \_\_\_\_\_

Flu \_\_\_\_\_

COVID-19 \_\_\_\_\_  
Manufacturer: \_\_\_\_\_

Pertussis \_\_\_\_\_

Shingles \_\_\_\_\_

## COPD Medications

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

## Other Medications

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## Medication Allergies

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\_\_\_\_\_  
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## WALLET CARD

Wallet cards can be helpful for organizing your medication information and sharing it with others. Fill out this wallet card, cut it out, and carry it with you.

*For personal use only. Permission required for all other uses.*