

**TRÍPLICE VIRAL**

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Data: ____ / ____ / ____
Lote: _____
Fab: _____
Ass: _____

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Data: ____ / ____ / ____
Lote: _____
Fab: _____
Ass: _____

**FEBRE AMARELA**

_____
Data: ____ / ____ / ____
Lote: _____
Fab: _____
Ass: _____

**MANTENHA SUA CARTEIRINHA  
DE VACINAÇÃO ATUALIZADA.**

[www.saude.pr.gov.br](http://www.saude.pr.gov.br)

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Ass: _____
Fab: _____
Lote: _____
Data: ____ / ____ / ____
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Ass: _____
Fab: _____
Lote: _____
Data: ____ / ____ / ____
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Data: ____ / ____ / ____
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Data: ____ / ____ / ____
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Data: ____ / ____ / ____
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Ass: _____
Fab: _____
Lote: _____
Data: ____ / ____ / ____
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**COVID-19**



**SECRETARIA DE ESTADO DA SAÚDE  
PROGRAMA DE IMUNIZAÇÃO**

**CARTÃO DE VACINAÇÃO DO ADULTO**

Nome: \_\_\_\_\_

DN: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      RG: \_\_\_\_\_

Endereço: \_\_\_\_\_

Município: \_\_\_\_\_      UF: \_\_\_\_\_

Estabelecimento: \_\_\_\_\_      Tel: (   ) \_\_\_\_\_

**DUPLA ADULTO (CONTRA DIFTERIA E TÉTANO)**

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Lote: _____
Fab: _____
Ass: _____

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Data: ____ / ____ / ____
Lote: _____
Fab: _____
Ass: _____

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Data: ____ / ____ / ____
Lote: _____
Fab: _____
Ass: _____

**HEPATITE B**

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Data: ____ / ____ / ____
Lote: _____
Fab: _____
Ass: _____

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Data: ____ / ____ / ____
Lote: _____
Fab: _____
Ass: _____

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Data: ____ / ____ / ____
Lote: _____
Fab: _____
Ass: _____

**INFLUENZA (CONTRA GRIPE)**

_____	_____	_____
Data: ____ / ____ / ____	Data: ____ / ____ / ____	Data: ____ / ____ / ____
Lote: _____	Lote: _____	Lote: _____
Fab: _____	Fab: _____	Fab: _____
Ass: _____	Ass: _____	Ass: _____

_____	_____	_____
Data: ____ / ____ / ____	Data: ____ / ____ / ____	Data: ____ / ____ / ____
Lote: _____	Lote: _____	Lote: _____
Fab: _____	Fab: _____	Fab: _____
Ass: _____	Ass: _____	Ass: _____

**OUTRAS VACINAS**

_____	_____	_____
Data: ____ / ____ / ____	Data: ____ / ____ / ____	Data: ____ / ____ / ____
Lote: _____	Lote: _____	Lote: _____
Fab: _____	Fab: _____	Fab: _____
Ass: _____	Ass: _____	Ass: _____

_____	_____	_____
Data: ____ / ____ / ____	Data: ____ / ____ / ____	Data: ____ / ____ / ____
Lote: _____	Lote: _____	Lote: _____
Fab: _____	Fab: _____	Fab: _____
Ass: _____	Ass: _____	Ass: _____

_____	_____	_____
Data: ____ / ____ / ____	Data: ____ / ____ / ____	Data: ____ / ____ / ____
Lote: _____	Lote: _____	Lote: _____
Fab: _____	Fab: _____	Fab: _____
Ass: _____	Ass: _____	Ass: _____

_____	_____	_____
Data: ____ / ____ / ____	Data: ____ / ____ / ____	Data: ____ / ____ / ____
Lote: _____	Lote: _____	Lote: _____
Fab: _____	Fab: _____	Fab: _____
Ass: _____	Ass: _____	Ass: _____

_____	_____	_____
Data: ____ / ____ / ____	Data: ____ / ____ / ____	Data: ____ / ____ / ____
Lote: _____	Lote: _____	Lote: _____
Fab: _____	Fab: _____	Fab: _____
Ass: _____	Ass: _____	Ass: _____

_____	_____	_____
Data: ____ / ____ / ____	Data: ____ / ____ / ____	Data: ____ / ____ / ____
Lote: _____	Lote: _____	Lote: _____
Fab: _____	Fab: _____	Fab: _____
Ass: _____	Ass: _____	Ass: _____