Vaccine Side Effect Chart

Patient Name: _____ Date: _____
Age: _____ Vaccine Name: _____
No. of Doses in Series: _____ No. of Doses Taken: _____
Date of Next Dose: _____ Location: _____
Allergies: _____
Medical Issues: _____

Prescription Medicine: _____
Dates Taken: _____
OTR Medicine: _____
Dates Taken:

Day One (Before Vaccination): ☐ Great ☐ Good ☐ Fair ☐ Bad ☐ Awful
Symptoms: _____
Duration of Symptoms: _____
Day One (After Vaccination): ☐ Same ☐ Worse ☐ Better
Symptoms: _____
Duration of Symptoms: _____
Day Two (After Vaccination): ☐ Same ☐ Worse ☐ Better
Symptoms: _____
Duration of Symptoms: _____
Day Three (After Vaccination): ☐ Same ☐ Worse ☐ Better
Symptoms: _____
Duration of Symptoms: _____
Day Four (After Vaccination): ☐ Same ☐ Worse ☐ Better
Symptoms: _____
Duration of Symptoms: _____
Day Five (After Vaccination): ☐ Same ☐ Worse ☐ Better
Symptoms: _____
Duration of Symptoms: _____
Day Six (After Vaccination): ☐ Same ☐ Worse ☐ Better
Symptoms: _____
Duration of Symptoms: _____
Day Seven (After Vaccination): ☐ Same ☐ Worse ☐ Better
Symptoms: _____
Duration of Symptoms: _____
Day Eight (After Vaccination): ☐ Same ☐ Worse ☐ Better
Symptoms: _____
Duration of Symptoms: _____
Day Nine (After Vaccination): ☐ Same ☐ Worse ☐ Better
Symptoms: _____
Duration of Symptoms: _____
Day Ten (After Vaccination): ☐ Same ☐ Worse ☐ Better
Symptoms: _____
Duration of Symptoms: