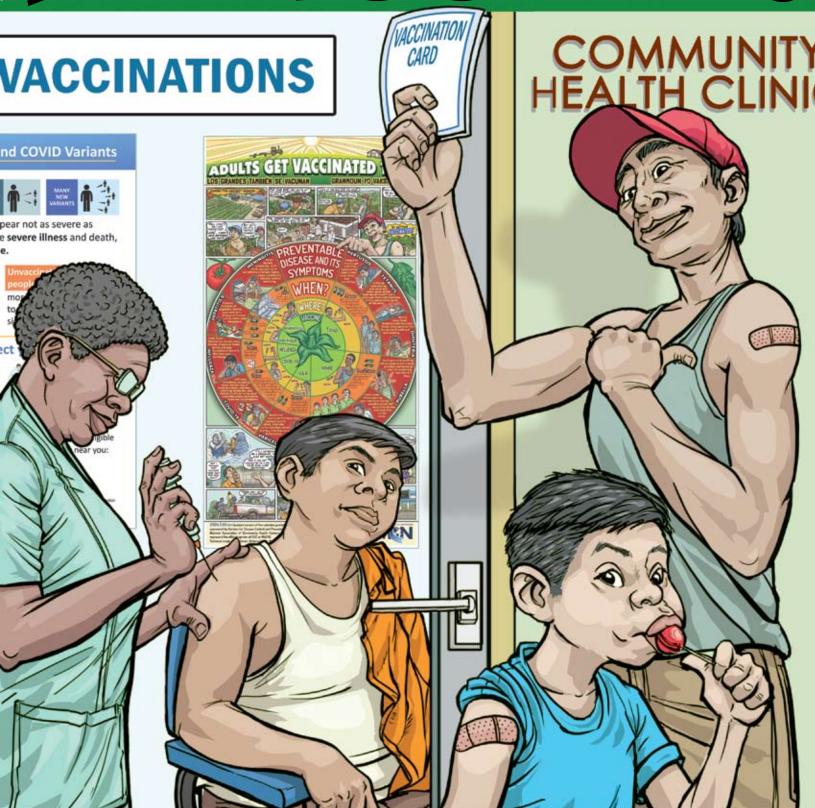
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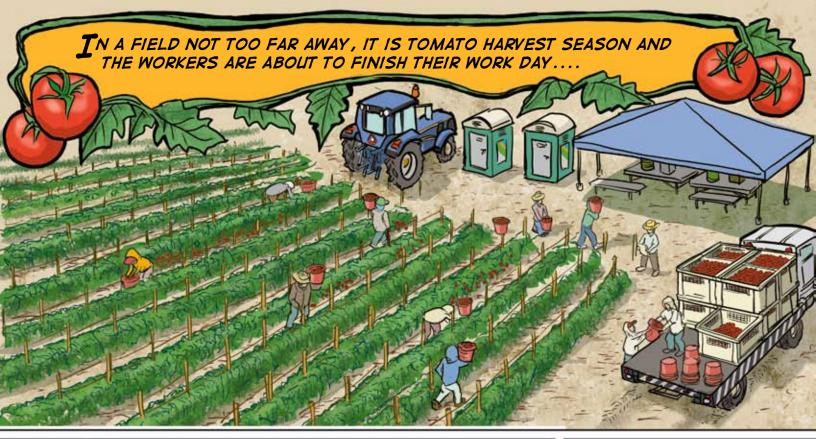


Material funded by the National Association of Community Health Centers (NACHC) based on the vaccination schedule developed in 2006 by Migrant Clinicians Network thanks to the original support of the Centers for Disease Control and Prevention (CDC) and NACHC.

The content is the responsibility of the MCN and may not represent the official views of NACHC.

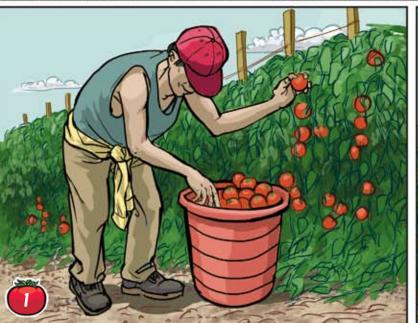
ACHC.

FREE DISTRIBUTION







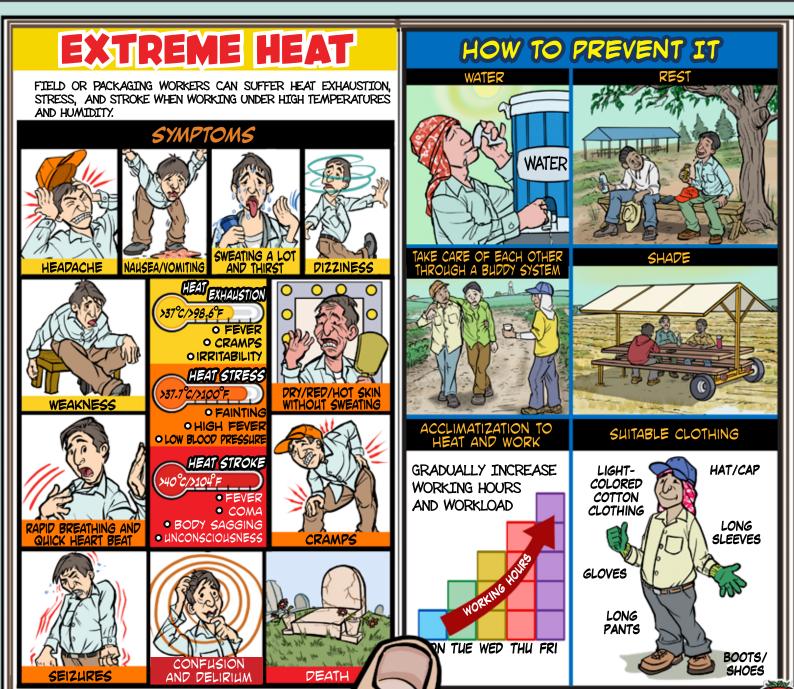












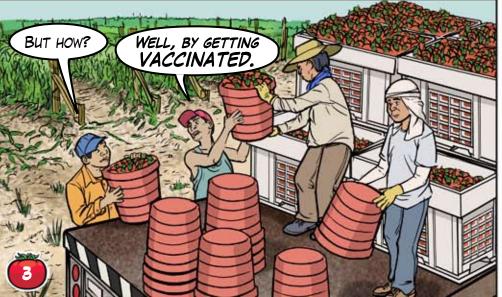


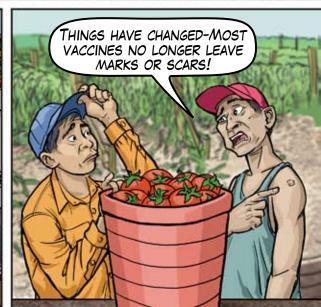






















## VACCINES FOR ADULTS

### VACCINE: HB OF HEPB

DISEASE:

HEPATITIS B



**SYMPTOMS**:



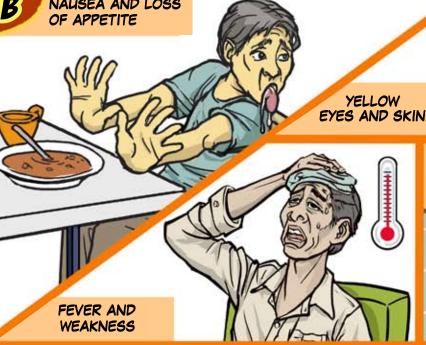
ADULTS 3

wait 1-2 months 

wait 4–6 months

WHERE?

ARM





#### DISEASE: MENINGITIS

FEVER,

SEVERE

HEADACHE

#### **VACCINE:**

SLEEP,

#### MENINGOCOCCAL

#### **SYMPTOMS**

WHEN?



for young people who share a bedroom

#### WHERE?

**ARM** 



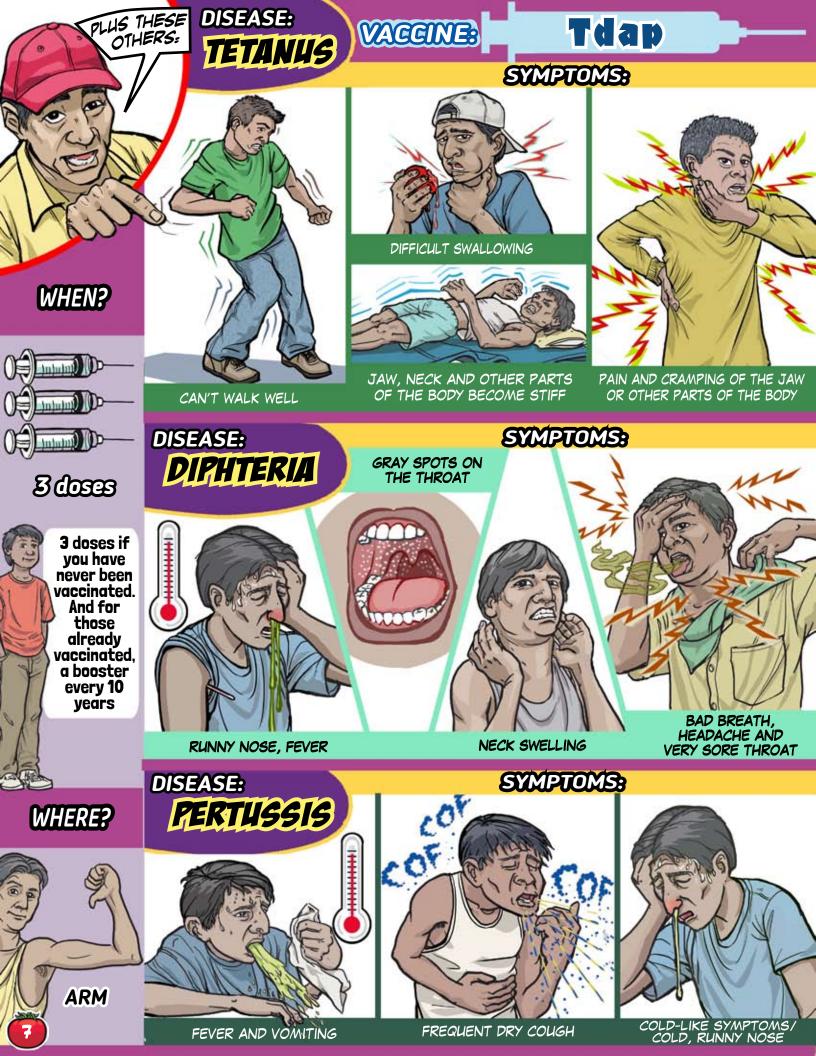




NAUSEA, SEVERE VOMITING









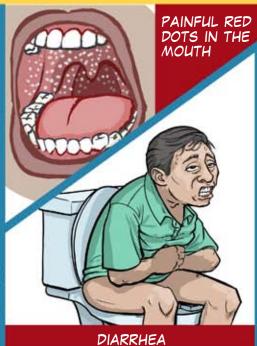
#### VACCINE:

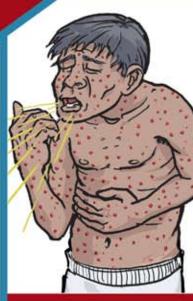
#### MMR

#### SYMPTOMS:

#### **DISEASE:** MEASLES







COUGH, RED RASH ALL OVER THE BODY

WHEN?



For people ages 11 to 49 who were not vaccinated as children

#### DISEASE:

#### MUMPS



FEVER

#### SYMPTOMS:



SWELLING UNDER THE EARS, FIRST ON ONE SIDE AND THEN ON THE OTHER

#### DISEASE:

#### RUBELLA



NECK PAIN AND SWELLING



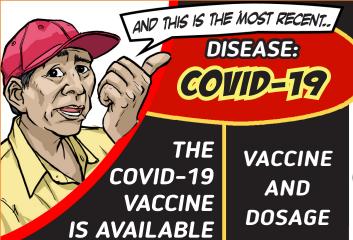


## **SYMPTOMS**









#### VACCINE:

#### COVID-19

#### SYMPTOMS:



**HEADACHES** 



(SHORTNESS OF BREATH)

**ASK YOUR HEALTHCARE PROVIDER! SOME STATES HAVE DIFFERENT** RECOMMENDATIONS



Allchildren **6-23** months



Children 2-17 years old with risk factors orliparents desire vaccination

1 dose



COUGHING

col



NAUSEA, VOMITING

TALK TO YOUR HEALTHCARE PROVIDER **IF YOU HAVE QUESTIONS** 



**Pregnancy** Alanypointin pregnancy

1 dose



Adults 13-50 years

1 dose



DIARRHEA



SORE THROAT



**FATIGUE** 

Adults 50+ years

1 dose

**MOST PEOPLE WHO GO TO THE** HOSPITAL OR DIE FROM COVID DID NOT HAVE THE VACCINE.

PROTECT YOURSELF WITH THE VACCINE. SO YOU **WON'T NEED TO GO TO THE HOSPITAL OR DIE!** 



BODY ACHES



RECENT LOSS OF SMELL OR TASTE

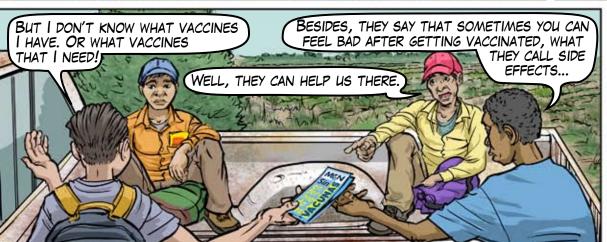


RUNNY NOSE









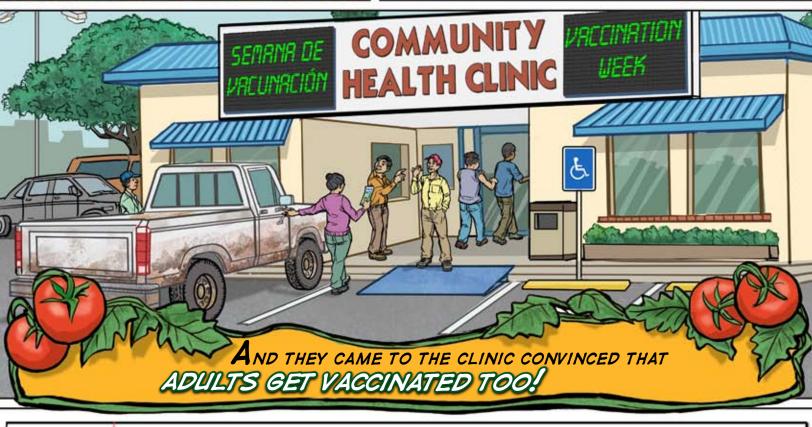














**ADDRESS** 

**PHONE** 

CONTACT PERSON

