






# Getting My Vaccine

- |   |   |  |                                     |
|---|---|--|-------------------------------------|
|   |   |  | <input checked="" type="checkbox"/> |
| 1 |    | Check in at the vaccine clinic, pharmacy, or doctor's office | <input type="checkbox"/>            |
| 2 |   | Follow a helper to a room                                    | <input type="checkbox"/>            |
| 3 |  | Sit down and roll up sleeve                                  | <input type="checkbox"/>            |
| 4 |  | Nurse cleans arm with a wipe                                 | <input type="checkbox"/>            |
| 5 |  | Nurse will give the shot                                     | <input type="checkbox"/>            |

# Getting My Vaccine

6



Nurse applies a bandage



7



I might be asked to wait

8



Time to leave

9



My body is stronger!

10



To stay healthy  
I will keep washing my hands!