

Make sure everyone around  
your baby is immunized  
including close friends,  
relatives & caregivers!

Need Immunizations? Have  
Questions? Talk to your health care  
professional or call the Buncombe  
County Health & Human Services  
Immunization Clinic at  
828-250-5096.

The BCHHS Immunization Clinic  
has all of the immunizations you  
need. No appointment necessary.

Our hours are 8:00 am - 5:00 pm\*  
Monday - Friday

\*Clients must check in by 4:30 pm.

The immunization clinic accepts most  
insurance and may be able to provide  
low cost or no cost immunizations based  
on financial need.

COME SEE US!

## **BUNCOMBE COUNTY**

Health & Human Services

Immunization Clinic  
53 South French Broad Avenue  
Asheville, NC 28801  
(828) 250-5096

[buncombecounty.org/immunize](http://buncombecounty.org/immunize)

### **For more information:**

[cdc.gov/vaccines](http://cdc.gov/vaccines)  
[chop.edu/vaccine](http://chop.edu/vaccine)



**BUNCOMBE COUNTY**  
HEALTH & HUMAN SERVICES  
[buncombecounty.org/hhs](http://buncombecounty.org/hhs)

828-250-5000



**IMMUNIZATIONS  
WORK!**



**A SHIELD OF  
PROTECTION  
FOR YOUR  
BABY'S  
HEALTH!**

## Give your child a shield of protection.

Women need a Tdap shot between 27-36 weeks of every pregnancy.

Pregnant women should get a flu shot every year.

Babies start getting most of their immunizations at 2 months of age. They are not fully protected until they get all of their recommended immunizations.

Your next step is to get a Tdap immunization between 27-36 weeks of your pregnancy.

Recommended Immunization Checklist  
For Pregnant Women

Immunization	During Pregnancy	After Pregnancy
Tdap (tetanus, diphtheria, pertussis) Get this vaccine between 27 to 36 weeks of pregnancy.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Varicella* (chickenpox)		<input checked="" type="checkbox"/>
Flu Once every flu season	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HPV (human papillomavirus) Recommended up to age 27		<input checked="" type="checkbox"/>
Hepatitis A*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Hepatitis B*		<input checked="" type="checkbox"/>
Meningococcal*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pneumococcal*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
MMR* (Measles, Mumps & Rubella)		<input checked="" type="checkbox"/>

\* If at risk

## Make sure your immunizations are documented.

The person who immunizes you should fill out the information below.

Return this to your OB provider so that they know you are protected.

Patient Name

Date of Birth

Administered By (Physician, Health Department, etc...)

Date

Please check the immunizations received during this visit.

Tdap	<input type="checkbox"/>	Varicella	<input type="checkbox"/>
Flu	<input type="checkbox"/>	HPV	<input type="checkbox"/>
Hepatitis A	<input type="checkbox"/>	Hepatitis B	<input type="checkbox"/>
Meningococcal	<input type="checkbox"/>	Pneumococcal	<input type="checkbox"/>

**Please return this to your OBGYN at your next appointment.**