### **COVID-19 VACCINATION SCHEDULE AND DOSING**

2023-2024

**MODERNA** 

 $50 \, \mu g/0.5 \, mL$ 

In at least

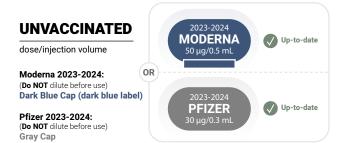
8 weeks

1+ DOSE

Moderna or Pfizer

#### **AGES 12 YEARS AND OLDER**





# PREVIOUSLY VACCINATED

dose/injection volume



Moderna 2023-2024:

(Do NOT dilute before use)

Dark Blue Cap (dark blue label)

Pfizer 2023-2024:

(**Do NOT** dilute before use) **Gray Cap** 

#### **AGES 65+ YEARS**

## ADDITIONAL DOSES



OR

In at least

8 weeks

**PFIZER** 

Up-to-date

Funding for this project was made possible by the Office of Disease Control, through the Illinois Department of Public Health.