# Vitamins and Supplements

**Name:** _____

| Date | Vitamin/Supplement | RDA | UL | Unit | Frequency (i.e. 2x per day) | Time |
|---|---|---|---|---|---|---|
| | Multivitamin | | | | | |
| | Calcium | | | | | |
| | Iron | | | | | |
| | Vitamin B12 | | | | | |
| | Vitamin D | | | | | |
| | Vitamin C | | | | | |
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