

Vaccination Record Register

Register Details

Date Compiled*: _____

Compiled By*: _____

Date Reviewed: _____

Contact Number: _____

Vaccination Records

Vaccination Records:

Employee Name	Employee ID	Job Title	Vaccine Type	Dose Number	Date Administered	Next Due Date	Vaccine Provider	Consent Form Signed	Adverse Reaction Observed	Remarks

Options for 'Vaccine Type': Influenza, COVID-19, Hepatitis B, Tetanus, Other
 Options for 'Dose Number': 1st, 2nd, Booster, Other

