Vaccination record form

Personal details (Staff member to complete)

Surname	Given names
Work Unit	Contact number

Refer to the Vaccination Policy and Procedures before completing this form.

- The completed signed and approved form is to be submitted to HR Services
- Prospective employees must not commence work before confirmation of the required vaccinations are received.

Health Professional to complete

Vaccine	Date	Official Certification by Vaccination Provider (Clinic/Practice stamp, full name and signature – in each vaccine section
***Adult* formulation diphtheria, tetanus, acellular pertussis (whooping cough) vaccine**		
Dose 1		
Booster		
Hepatitis B vaccine		
Dose 1		
Dose 2		
Dose 3		
Measles, Mumps and Rubella (MMR)		
Dose 1		
Dose 2		
Varicella vaccine		
Dose 1		
Dose 2		

Other e.g. Rabies, Q fever, ABL, Typhoid etc.

Type	Date