

# Employee Immunization Status Record

Employee Name:

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Employee ID:

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Position/Department:

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Date of Birth:

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Date Recorded:

Vaccine	Date Administered	Lot Number	Administered By	Notes
Hepatitis B				
Influenza				
MMR				
Tdap				
Varicella				
COVID-19				
Other				

Additional Notes:

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Reviewed By:

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Date:

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