**SAMPLE RECORD OF VACCINATIONS TEMPLATE**

|  |  |  |  |
| --- | --- | --- | --- |
| Client ID: |  | Patient ID: |  |

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| --- | --- | --- |
| Vaccine Name: | | 🞎 Primary immunization  🞎 Booster immunization |
| Vaccine Type: | |
| Manufacturer: | | Route: |
| Serial No: | | Site: |
| Immunization Date: | \_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_  mm dd yyyy | |
| Date of Reimmunization: | \_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_  mm dd yyyy | |
| Vaccine Name: | | 🞎 Primary immunization  🞎 Booster immunization |
| Vaccine Type: | |
| Manufacturer: | | Route: |
| Serial No: | | Site: |
| Immunization Date: | \_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_  mm dd yyyy | |
| Date of Reimmunization: | \_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_  mm dd yyyy | |
| Vaccine Name: | | 🞎 Primary immunization  🞎 Booster immunization |
| Vaccine Type: | |
| Manufacturer: | | Route: |
| Serial No: | | Site: |
| Immunization Date: | \_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_  mm dd yyyy | |
| Date of Reimmunization: | \_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_  mm dd yyyy | |
| Vaccine Name: | | 🞎 Primary immunization  🞎 Booster immunization |
| Vaccine Type: | |
| Manufacturer: | | Route: |
| Serial No: | | Site: |
| Immunization Date: | \_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_  mm dd yyyy | |
| Date of Reimmunization: | \_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_  mm dd yyyy | |