SAMPLE RECORD OF VACCINATIONS TEMPLATE

Client ID:	Patient ID:

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	
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Vaccine Name:		☐ Primary immunization ☐ Booster immunization
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Serial No:		Site:
Immunization Date:	________ / _____ / ________ mm dd yyyy	
Date of Reimmunization:	________ / _____ / ________ mm dd yyyy	