**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 |
| 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 |