

Vaccination Record Card for Health Care Workers and Student

Instructions

Enough information must be provided to enable an assessor to verify that an appropriate vaccine has been administered by a registered vaccination provider. Therefore:

- Date and Batch numbers should be recorded for vaccination
- Ser1 (c)-1007 TT3 HepA (45) Td () Tj5

History of completed age-
appropriate course of -2.14 f114.0



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Surname		Given Names	
Address			
	State:	P/code:	Date of Birth
Email		Student ID No.	
Contact Number	(mobile)		(work)

Vaccine	Date	Batch No.	Official Certification by Vaccination Provider (Clinic/practice stamp, full name and
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