

Health Tracking: Immunization Record

Section 1-General Information

Individual Name: * _____ Entry Date & Time: _____
 Date: * _____ Program Name: * _____ Time zone: _____
 Entered By : _____ Reported By: * _____

Notification Level: ☐ Low ☐ Medium ☐ High

Section 2- Immunization Information

Vaccine: * _____

Site: ☐ Buttock Left ☐ Buttock Right ☐ Left Thigh ☐ Lower Arm Left ☐ Lower Arm Right ☐ Oral ☐ Right Thigh
☐ Upper Arm Left ☐ Upper Arm Right

Method: ☐ Intradermal ☐ Intramuscular ☐ Intranasal ☐ Oral ☐ Subcutaneously

Manufacturer: _____ Lot# : _____
 Date: * _____ Scheduled for future: ☐

Individual's Current Condition: _____

Results Date: _____

Results/ Comments: _____

Reported By: * _____ Entered By: _____
 On Going ☐ Specify Due Date or Due In: _____

Due In: ☐ Day(s) ☐ Week(s) ☐ Month(s) ☐ Year(s)

Refused ☐

Reason for Refusal: _____

SIGNATURE.....NAME.....DATE.....TIME.....am/pm

Note:- Required fields are marked with an asterisk (*)