Immunization Record Form

PATIENT INFORMATION

[ClientInfo]: _____

Sex:

◯ Male ◯ Female

Use the following abbreviation for the site of administration column: RA: Right arm LA: Left arm RT: Right thigh LT: Left thigh

Type of vaccine/batch: _____ **Date given:** _____ dd / mm / yyyy

Site of administration: _____

Vaccinator signature/initials:

Notes:

Additional notes