



Immunization Form for Employees

To be completed by employee:

I have read the immunization guidelines and to the best of my knowledge my current immunization status is:

1. Complete (Date of last Diphtheria/Tetanus vaccination received: _____)
 Incomplete

2. Written proof of vaccinations
 Verification of vaccinations provided by other means

Name: _____ Signature: _____ Date: _____

To be completed by employer:

Employee Name: _____

Complete Immunization:

- Written proof of vaccinations attached.
- Written proof of vaccinations unavailable.

Verification provided by: _____

Other follow-up necessary.

Incomplete Immunization:

- Appropriate approvals, policies are in place to accommodate an unimmunized employee.
- Not in place. Follow-up necessary.

Manager Name: _____

Manager Signature: _____