

As vaccination recommendations change frequently, please check the BC Communicable Disease Centre website for current recommendations: [www.bccdc.ca/health-info/immunization-vaccines/immunization-schedules](http://www.bccdc.ca/health-info/immunization-vaccines/immunization-schedules)

Employee Name: \_\_\_\_\_

## EMPLOYEE IMMUNIZATION RECORD

### **PART A - To be completed by the employee upon hire.**

**Recommended Immunizations:** (check one box for each immunization listed)

Immunization	Yes	No	Unknown	Frequency of Booster
▪ Tetanus and Diphtheria (Td)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date of last booster (if known) _____
▪ Measles <i>Required if born after 1956</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None
▪ Rubella (MMR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None
▪ Mumps (MMR) <i>Required if born after 1956</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None
▪ Influenza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annually Date of last immunization (if known) _____
▪ Poliomyelitis (OPV / IPV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	One-time adult booster for health care workers.
▪ Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No booster required.

Medical certificate/record of vaccinations is provided (if available)  Yes  No

Employee signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **PART B – To be completed by the Employer**

Employee immunization status for the above recommended immunizations is:

**Complete** (employee has all recommended immunizations)  
Medical certificate/record is on file  Yes  No  Not available

**Incomplete**  
If incomplete or unknown immunization status: (check all that apply)

- Employee encouraged to obtain recommended immunizations.
- Employee has obtained recommended immunizations or boosters and provided verification.
- Facility's policy regarding accommodating employees who are not immunized or incompletely immunized was reviewed with this employee.

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_