# Staff immunisation record template

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | | | | **Date of birth:** | |
| **Address:** | | | | | | |
| **Vaccinations required** | | | | | | |
| **Vaccine** | **If completed, provide date** | **Pre-vaccination antibody status and date** | **Date received** | **Date received** | **Date received** | **Post-vaccination antibody status and date** |
| **Hepatitis B** |  |  |  |  |  |  |
| **Influenza** |  |  |  |  |  |  |
| **MMR** |  |  |  |  |  |  |
| **Pertussis** |  |  |  |  |  |  |
| **Varicella** |  |  |  |  |  |  |
| **Hepatitis A** |  |  |  |  |  |  |
| **Polio** |  |  |  |  |  |  |
| **Risk of infection and benefits of vaccination explained** | | | | | | |
| **Date:** | | | | | | |
| **Signature of person providing advice:** | | | | | | |
| **Signature of staff member acknowledging vaccination advice offered:** | | | | | | |
| **Consent for vaccination obtained from staff member: YES / NO** | | | | | | |
| **Further counselling and education provided:** | | | | | | |

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