Sample Employee COVID-19 Vaccination Tracking Form

This form can be used to track employee COVID-19 vaccination status

Name of	Employer:	

Employee First Name	Employee Last Name	Vaccine (Brand) type	Date First Vaccine Received	Date Second Vaccine Received	Vaccine Declined	Date Booster Received	Date Booster Received
		☐ Pfizer					
		■ Moderna					
		☐ Johnson & Johnson					
		☐ Pfizer					
		■ Moderna					
		☐ Johnson & Johnson					
		☐ Pfizer					
		☐ Moderna					
		☐ Johnson & Johnson					
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This document must be kept private and access to the record must limited to those persons in your practice with a legitimate business need and must be retained for a period of 30 years.