SPRINGDALE FIRE DEPARTMENT

Immunization Record Form

Confidential Document

Employee Name:_____

Immunization \ Vaccine **Date of Administration**

Hepatitis B Vaccine……_____

Antibody Titer……_____

Measles, Mumps, Rubella……..._____

TB Skin Test…….. _____

Tetanus \ Diphtheria……_____

Chickenpox Vaccine……...._____

Flu Vaccine…….._____

H1N1 Vaccine……_____

T-Dap Booster……_____

_____......_____

_____....._____

Signature:_____ Date:_____