

Date of Birth:

NAME:

In order for you to take up you you have. Healthcare workers circumstances may also trans immunisation status. The info not be used for any other purpose.	may be exp smit infection ormation pro	oosed to info ns to patien ovided will b	ectious haza its. GO Healt e retained b	rds during th h Services w	ne course of the	neir employment IS Grampian witl	and in certain h information on your
<u>Vaccine / Test</u>	Vaccination Dates & Results					Identified & Validated Lab Report	Signature of GP/Practice Nurse/OHS
Childhood Vaccinations (are up to date prior to comm						r previous OH	S. Please ensure these
MMR 1 st							
MMR 2 nd							
Tetanus	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5		
Polio	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5		
Diphtheria	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5		
Pertussis	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5		
Please indicate if you have evidence (If you have not host)							
Hepatitis B 1st							
Hepatitis B 2nd							
Hepatitis B 3rd							
Hepatitis B Antibody Blood Test						Y/N	
Mantoux Test							
Mantoux Reading (result in mm)							
BCG							
Varicella (Chickenpox) Blood Test	Negative / Positive						
Varicella Vaccine	Dose 1 Dose 2				2		
Verbal History of Childhood Infection							
Hepatitis B Surface Antigen	Negative / Positive					Y/N	
HIV Antibody	Negative / Positive					Y/N	
Hepatitis C Antibody	Negative / Positive					Y/N	
COVID Vaccination (Evide your-vaccine/get-a-record-o						hsinform.scot	/covid-19-vaccine/after-

*** Please scan and email (or post) this completed immunisation record to gram.ohs@nhs.scot as soon as possible. Failure to do so may delay starting your health clearance. ***

All COVID Vaccinations

Practice Stamp: