

CRANSTON SMART DRUG MART PHARMACY WORKER IMMUNIZATION RECORD

WORKER'S FULL NAME	

N.	VACCINE NAME	VACCINE	DOSAGE	DATE OF	COMMENTS	
		ACRONYM	NUMBER	APPLICATION		
	Tetanus and Diphtheria	Td	1 st		Last booster must be within last 10 years	
1			2 nd		Date//	
			3 rd		Date//	
2	Pertussis	dTap	1			
3	Manalan	MMR*	1 st		Serology evidence accepted in lieu of	
3	Measles		2 nd		documentation	
_	N	N 4N 4D *	1 st		Serology evidence accepted in lieu of	
4	Mumps	MMR*	2 nd		documentation	
_	5 Rubella	MMR*	1		Serology evidence accepted in lieu of	
)			1		documentation	
	Hepatitis B	HBV	1 st		Caralagy avidence assented in liqu of	
6			2 nd		Serology evidence accepted in lieu of documentation	
			3 rd		documentation	
7	Varicella	Vz*	1 st		Serology evidence accepted in lieu of	
	Varicella	٧Z	2 nd		documentation	
8	Influenza	FLN	Annual		Recommended but not necessary for employment	
9	Polio	IPV	1		Recommended but not necessary for employment	
10	Maningagasal D	Man D	1 st		Recommended but not necessary for	
10	Meningococcal B	Men-B	2 nd		employment	
11	Meningococcal	Men-C	1		Recommended but not necessary for	
TT	Neisseria	ACYW	Т		employment	
12	Typhoid	TYVI	1		Recommended but not necessary for	
12	Турпош	1111	1		employment	
13	Tuberculosis	PPD	1		1 step TST or CXR accepted	

Health Care Provider's Name	Health Care Provider's Signature	Date
		//
	STAMP	