



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
		<input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Johnson & Johnson					
		<input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Johnson & Johnson					
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		<input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Johnson & Johnson					

This document must be kept private and access to the record must be limited to those persons in your practice with a legitimate business need and must be retained for a period of 30 years.