



**Checklist For Vaccines/Medical Tests**

VOLUNTEERS/ VISTORS/ CHIMPANZEE RESEARCHERS Vaccine Checklist/ form

Name of Patient: \_\_\_\_\_

Name of Medical Practice: \_\_\_\_\_

Name of Attending Doctor: \_\_\_\_\_

Signature and Stamp of Attending Physician/Doctor: \_\_\_\_\_

Vaccine/ Test	Vaccine/ type of Vaccine or Test Given	Date of first vaccination	Date of second vaccination	Date of third vaccination	Doctor's signature
Hepatitis A (20 years)					
Hepatitis B (5 years)					
Measles (MMR) (10 – 15 years)					
Meningococcal meningitis(ACWY strains) ( 3 years)					
Polio (10 years)					
Tetanus (10 years) vaccine					
Rabies Vaccination					

TB test (any screening test or Chest X-ray for those with history of BCG vaccination)

Date	Type of Test	Results

Date Type of Test Results

**Comments:**

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