

# Pre-Sea Vaccination and Immunization Record

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Rank/Position: \_\_\_\_\_

Seafarer's ID No.: \_\_\_\_\_

Nationality: \_\_\_\_\_

Date Issued: \_\_\_\_\_

## Vaccination and Immunization Record

No.	Type of Vaccine	Date Taken	Batch/Lot No.	Expiration Date	Administered By	Remarks

Medical Officer's Name & Signature: \_\_\_\_\_

Date Verified: \_\_\_\_\_