

 QuXAT	Organization Name:	Document No:	QUXAT/F/93
	Employee - COVID Vaccination Record	Page No:	Page 1 of 1

Employee Name:
Employee/Biometric ID:
Designation:
Department:

Vaccination Schedule (with proof of vaccination certificate)					
Dosages	Name of the Vaccine	Batch No.	Date of Vaccination	Given by – Name/Signature & Date/Time	Employee Signature & Date/Time
1 st Dose					
2 nd Dose					

DECLARATION FORM

I have been given the opportunity to be vaccinated with COVID vaccine as per government guidelines. However, I have declined the vaccination at this time. I understand by declining this vaccine, I continue to be at risk of acquiring COVID.

Vaccination declined by the Employee: Yes/No

If, Yes give reasons:

Name of Employee:

Signature of Employee:

Date:

Note: Refer to Recent/Updated Recommended Vaccination/dosage schedule for protection against COVID as per recent/updated Government Guidelines

Issue No:	Issue Date:	Amend No:	Amend Date:	Copy No:
Prepared/Issued by:	Quality Manager	Approval by	Director	