

My personal vaccination check list (for visa and immigration)

| Vaccine | | Name of vaccine | Date completed or not applicable (N/A) |
|--|-------------------------------|------------------------|---|
| Diphtheria, tetanus, Whooping cough & polio | 1st dose | | |
| | 2nd dose | | |
| | 3rd dose | | |
| | Booster | | |
| Measles, mumps & rubella | 1st dose | | |
| | 2nd dose | | |
| | Blood test | | |
| Varicella | Illness or vaccination | | |
| | Blood test | | |

| | | | |
|---|--|--|--|
| Influenza (<i>if medical visit takes place during flu season and while vaccine available in pharmacies – normally September to January/February</i>) | | | |
| Pneumococcal (<i>if aged 65 or older</i>) | | | |