



New Employee Vaccinations Memorandum

Memo

Date: _____
To: Clinical Site Manager
From: Human Resource Department
Re: Employee Vaccinations

This is to notify you of the vaccination history for _____ who has joined
CFHC, Inc. as a _____.
Employee Name
Job Title

Hepatitis B: _____ Records submitted to Human Resources
_____ Vaccination Requested
_____ Signed Declination form on file

TB Test: _____ Records submitted to Human Resources, date of TB test is ____/____/____;
_____ Negative
_____ Positive
_____ Employee in need of test

Results sent to HR Dept.: ____/____/____ **TB Results** ____/____/____ **Hep B Vaccination complete**