

AUSVAX WORKPLACE VACCINATION PROGRAM – PARTICIPATION FORM				
PROGRAM DATE				
PROGRAM TIME				
CLIENT				
PROGRAM MANAGER				
Instructions for use: <ul style="list-style-type: none"> • Divide the vaccination recipients into groups of 10. • Allocate each group a start time, at 15 minute intervals. The time taken to administer the vaccinations may vary from group to group, but this approach will ensure a constant flow of vaccination recipients. • List the vaccination recipients on this form in alphabetical order - this makes it easier for us to check people off once they have been vaccinated. • Give us a copy of this form when we arrive to deliver your program. 				
No.	Group (1,2,3 etc)	First Name	Surname	CMI read and Consent Form completed and signed (Y/N)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				