



Absent Vaccination Documentation Record

Client

Full name of parent or guardian (if applicable)

Relationship to client (if applicable)

The above client was seen in clinic by (*physician name*)

They, or their parent or guardian, advise that they no longer have documents for the immunisations they have already received. They understand that this means they will be offered the full catch up immunisation schedule for New Zealand dependent on their current age.

Signed by physician Date