



## **RECOMMENDED IMMUNIZATION RECORD FOR ADULTS ACKNOWLEDGEMENT FORM**

I have received a copy of the Recommended Adult Immunization Schedule  
- United States - I will sign this Acknowledgment of Receipt.

I understand that this form will be retained in my personnel file.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date