



St. Luke's Occupational Health Services

Vaccination Voucher

Employee Name: _____ DOB: _____

Employee Department: _____ Employee Division: _____

Company Name: City of Boise PO Box 500 Boise, ID 83701 Ph. 208-972-8120

Authorized By: _____

(Company Representative & Date)

NOTICE: This voucher is good for 14 days from the above date. Employee must present this voucher at check-in time (or employee may be responsible for payment)

IMMUNIZATIONS

This voucher is good for ONE VISIT

- | | | | | |
|--|----------------------------|----------------------------|----------------------------|--------------------------------|
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | | |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> Titer |
| <input type="checkbox"/> Combo Hep A&B | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> Titer |
| <input type="checkbox"/> Tetanus | | | | |