| **Name of worker** | **Vaccination status** | **Evidence of vaccination status**  **(Tick one)** | **Name of person who sighted evidence** | **Date sighted** |
| --- | --- | --- | --- | --- |
|  | * Fully vaccinated * Partially vaccinated * Medical exception | * COVID-19 Digital Certificate * Immunisation history statement * Medical certificate for exception * Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  | * Fully vaccinated * Partially vaccinated * Medical exception | * COVID-19 Digital Certificate * Immunisation history statement * Medical certificate for exception * Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
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