

# Self-Declaration Form: Vaccination Status

A **self-declaration form** for vaccination status serves as a personal statement verifying an individual's immunization history. This document is often required by employers, schools, or travel authorities to ensure compliance with health regulations. Accurate completion of the form helps facilitate safe environments and public health monitoring.

**Full Name:**

**Date of Birth:**

**Contact Number:**

**Email Address:**

**Type(s) of Vaccine Received:**

e.g., COVID-19 (Pfizer), Influenza

**Date of 1st Dose:**

**Date of 2nd Dose (if applicable):**

**Date of Booster Dose (if applicable):**

**Declaration:**

I hereby declare that the information provided above regarding my vaccination status is true and accurate to the best of my knowledge. I understand that providing false information may have legal and/or organizational consequences.

**Signature:**

Type full name as e-signature

**Date:**