

Education Roster, Anthrax Vaccination Immunization Program (AVIP)

Installation/Clinic:					Date:		
#	Rank	NAME		SSN	Unit	I received the trifold about Anthrax Vaccine (please check) <input type="checkbox"/>	ITS (Internal use only)
		(Please Print Legibly)					
		Last	First				
1						<input type="checkbox"/> Yes	
2						<input type="checkbox"/> Yes	
3						<input type="checkbox"/> Yes	
4						<input type="checkbox"/> Yes	
5						<input type="checkbox"/> Yes	
6						<input type="checkbox"/> Yes	
7						<input type="checkbox"/> Yes	
8						<input type="checkbox"/> Yes	
9						<input type="checkbox"/> Yes	
10						<input type="checkbox"/> Yes	
11						<input type="checkbox"/> Yes	
12						<input type="checkbox"/> Yes	
13						<input type="checkbox"/> Yes	
14						<input type="checkbox"/> Yes	
15						<input type="checkbox"/> Yes	
16						<input type="checkbox"/> Yes	
17						<input type="checkbox"/> Yes	
18						<input type="checkbox"/> Yes	
19						<input type="checkbox"/> Yes	
20						<input type="checkbox"/> Yes	

PRIVACY ACT STATEMENT Data requested is being collected under the authority of the Privacy Act of 1974, 5 U.S.C., Section 552a; 5 U.S.C. 301, Departmental Regulations; 10 U.S.C. 3013; and E.O. 9397 (SSN). The SSN is being collected as a unique identifier to facilitate completion of health records. Every effort will be made to safeguard the confidentiality of the information provided. Information will not be released outside the Department of Defense unless authorized in 5 U.S.C., Section 552a. Providing the SSN is voluntary.

Prototype, Military Vaccine Agency (12 Jan 06)