| **HOLISTICS LAB** | | Document No. : |
| --- | --- | --- |
| Effective Date : |
| Document : **Halal Assurance System (HAS) Manual** | | Revision |
| Page |
| Section : | Prepared by: **Internal Halal Committee** | Approved by : |

**ANTI TYPHOID INJECTION RECORD**

Name: ……………………………………………………………. Date: …………………………

No. I / C: ……………………………………… Staff ID : …………………………………………….

Vaccine Code : …………………………………………………..

Validation Year : …………………………….. Expiry Date : ……………………………………….

Company / Institution / Unit: ………………………………………………………………………….

Position: ………………………………………………………………………………………………...

**Applied by : Accepted by :**

**Signature : Signature :**

**Name : Name :**