**VACCINATION CLINIC: VACCINE** **ADMINISTRATION RECORD**

#  Clinic Name and Address:

 **Contact Person:**

**Phone Number:** \_\_\_\_\_

**Vaccine Information Statement (VIS**): Before administering vaccine, provide the patient or legal representative with the appropriate VIS for each dose of vaccine given. VISs, which explain the risks and benefits of vaccination, are available on-line for all vaccines and in many languages, at [www.immunize.org/vis](http://www.immunize.org/vis).

*Use a separate line for each dose of vaccine.*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Age | Medicare or Insurance # | Date Vax Given | Type of Vax | Vaccine Manufacturer | Vaccine Expiration Date & Lot Number | Dose | Route& Site\* | Date VISGiven | Date on VIS | Vax Admin Initials |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

**\*Route given:** PO = oral, SC = subcutaneous, IM = intramuscular, IN= intranasal,ID = intradermal

**\*Site given:** RA = right arm, LA = left arm, RT = right thigh, LT = left thigh

Name(s) and Title(s) of Vaccine Administrator(s) Initials

Name(s) and Title(s) of Vaccine Administrator(s) Initials

Name(s) and Title(s) of Vaccine Administrator(s) Initials

*MDPH Vaccination Clinic: Vaccine Administration Record*

*September 2019*