

Vaccine Administration Record – All Ages

Record No. / Insurance No.: _____
 Patient Name: _____
 Address: _____
 Birth Date: _____ Male _____ Female _____

Clinic Name and Address:
<i>Use Reverse Side for Names and Initials of Vaccine Administrators</i>

Vaccine administrator: Provide the patient, parent or legal representative with the most recent copy of the Vaccine Information Statement (VIS), which explains risks and benefits of vaccine, for **each** dose of vaccine given.

Type of Vaccine: Record the generic abbreviation for the type of vaccine given (e.g., DTaP), not the trade name. For combination vaccines, indicate the type (e.g., DTaP-Hib) and all other information for each individual antigen (e.g., in the DTP and Hib sections) comprising the combination. Document all lot numbers for each component.

Vaccine	Type of Vaccine	Date Given M/D/Y	Dose	Route (PO, SC, IM, ID, IN, MP)	Site (RA, LA, RT, LT)	Vaccine		Vaccine Information Statement		Vaccine Admin Initials
						lot #	mfr.	Date on VIS	Date Given	
Hepatitis B (e.g., HepB, HepB-Hib, DTaP-HepB-IPV, HepA-HepB)				IM						
				IM						
				IM						
				IM						
Diphtheria, Tetanus, Pertussis (e.g., DTP, DTaP, DT, DTaP-Hib, DTaP-IPV/Hib, DTaP-HepB-IPV, DTaP-IPV, Td, Tdap)				IM						
				IM						
				IM						
				IM						
				IM						
Haemophilus influenzae type b (e.g., Hib, HepB-Hib, DTaP-Hib, DTaP-IPV/Hib, Hib-MenCY)				IM						
				IM						
				IM						
				IM						
Polio (e.g., IPV, DTaP-IPV/Hib, DTaP-HepB-IPV, DTaP-IPV)				IM•SC						
				IM•SC						
				IM•SC						
				IM•SC						
Pneumococcal Conjugate (PCV13, PCV7)				IM						
				IM						
				IM						
				IM						
Hepatitis A (HepA, HepA-HepB)				IM						
				IM						
Rotavirus (e.g., RV5: 3-dose series, RV1: 2-dose series)				PO						
				PO						
				PO						
Measles, Mumps, Rubella (e.g., MMR, MMRV)				SC						
				SC						

Route: PO = oral, SC = subcutaneous, IM = intramuscular, ID = intradermal, IN = intranasal, MP = multiple punctures

OVER FOR MORE VACCINES →

Varicella (Var, MMRV)				SC					
				SC					

Check box if this patient has a physician-certified reliable history of chickenpox. Date box checked ___/___/___
 A reliable history of chickenpox is defined as: 1) physician interpretation of parent/guardian description of chickenpox; 2) physician diagnosis of chickenpox; or 3) laboratory proof of immunity.

Meningococcal Quadrivalent MenACWY - Conjugate (MCV4) Polysaccharide (MPSV4)				IM•SC					
				IM•SC					
Meningococcal Serogroup B (MenB) MenB-FHbp MenB-4C				IM					
				IM					
				IM					
Influenza <u>Inactivated (IIV)</u> (e.g., IIV4 [quadrivalent, standard dose] IIV4-ID [intradermal] ccIIV4-IM [cell culture] IIV3- [trivalent, standard dose] IIV3-HD [high dose] aIIV3 [adjuvanted] RIV3-IM [trivalent]) <u>Live Attenuated</u> (e.g., LAIV4 [quadrivalent] LAIV [trivalent])				IM•IN•ID					
				IM•IN•ID					
				IM•IN•ID					
				IM•IN•ID					
				IM•IN•ID					
				IM•IN•ID					
				IM•IN•ID					
				IM•IN•ID					
				IM•IN•ID					
Pneumococcal Polysaccharide (PPSV23)				IM•SC					
				IM•SC					
Human Papillomavirus (9vHPV, 4v HPV, 2vHPV)				IM					
				IM					
				IM					
Zoster (shingles)				SC					
Other									
Other									
Other									
Smallpox				MP					

Smallpox vaccination take: Major Equivocal No take Date take read: ___/___/___

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Name(s) of Vaccine Administrator(s):	Initials	Name(s) of Vaccine Administrator(s):	Initials