|  |  |
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| Vaccine Administration Record – All Ages | Clinic Name and Address: |
| Record No. / Insurance No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | *Use Reverse Side for Names and Initials of Vaccine Administrators* |

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.

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| 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-CpG, 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 |  |  |  |  |  |  |
|  |  |  | 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 |  |  |  |  |  |  |
|  |  |  | 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) **Route: PO = oral, SC = subcutaneous, IM = intramuscular, ID = intradermal, IN = intranasal, MP = multiple punctures (OVER FOR MORE VACCINES)** |  |  |  | SC |  |  |  |  |  |  |
|  |  |  | SC |  |  |  |  |  |  |
| 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 |  |
| 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 evidence of immunity. |
| Meningococcal**Quadrivalent** MenACWY - Conjugate (MCV4)Polysaccharide (MPSV4) |  |  |  | IM•SC |  |  |  |  |  |  |
|  |  |  | IM•SC |  |  |  |  |  |  |
|  |  |  | IM•SC |  |  |  |  |  |  |
| Meningococcal Serogroup B (MenB)MenB-FHbp (Trumenba)MenB-4C (Bexsero) |  |  |  | IM |  |  |  |  |  |  |
|  |  |  | IM |  |  |  |  |  |  |
|  |  |  | IM |  |  |  |  |  |  |
| **Influenza**Inactivated (IIV)(e.g., IIV4 [quadrivalent, standard dose], RIV4,ccIIV4 [cell culture], IIV4-ID [intradermal]IIV3-[trivalent, standard dose]IIV3-HD [high dose]aIIV3 [adjuvanted] RIV3 [trivalent]Live Attenuated(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,4vHPV, 2vHPV) |  |  |  | IM |  |  |  |  |  |  |
|  |  |  | IM |  |  |  |  |  |  |
|  |  |  | IM |  |  |  |  |  |  |
| Zoster (Shingles)RZV (Shingrix)ZVL (Zostavax) |  |  |  | IM |  |  |  |  |  |  |
|  |  |  | IM |  |  |  |  |  |  |
|  |  |  | SC |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |  |  |
| Smallpox |  |  | \_\_\_\_\_\_\_\_(punctures) | MP |  |  |  |  |  |  |
| Smallpox vaccination take: Major Equivocal No take Date take read: \_\_\_/\_\_\_/\_\_\_ |

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

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| Name(s) & Title(s) of Vaccine Administrator(s): | Initials | Name(s) & Title(s) of Vaccine Administrator(s): | Initials |
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