|  |  |  |
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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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