

# Vaccine Administration Record

Record No. / Insurance No.: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Clinic Name and Address:	
Name(s) of Vaccine Administrator(s):	Initials
Use Reverse Side for Additional Names and Initials	

Vaccine administrator: Make sure to give the parent or legal representative the most recent copy of the Vaccine Information Statement (VIS) which explains risks and benefits of vaccine for **each** dose of vaccine given.

Vaccine	Type of Vaccine*	Date Given mo/day/yr	Dose	Route (PO, SC, IM, ID, IN)	Site Given (RA, LA, RT, LT)	Vaccine		Vaccine Information Statement		Vaccine Admin Initials
						lot #	mfr.	Date on VIS	Date Given	
<b>Hepatitis B</b> (e.g., HepB, HepB-Hib, DTaP-HepB-IPV)				IM						
				IM						
				IM						
				IM						
<b>Diphtheria, Tetanus, Pertussis</b> (e.g., DTaP, DT, DTaP-Hib, DTaP-HepB-IPV, Td, Tdap)				IM						
				IM						
				IM						
				IM						
				IM						
				IM						
				IM						
<b>Haemophilus influenzae type b</b> (e.g., Hib, HepB-Hib, DTaP-Hib)				IM						
				IM						
				IM						
				IM						
<b>Polio</b> (e.g., IPV, DTaP-HepB-IPV)				IM•SC						
				IM•SC						
				IM•SC						
				IM•SC						
<b>Pneumococcal Conjugate</b> (PCV7)				IM						
				IM						
				IM						
				IM						
<b>Measles, Mumps, Rubella</b> (MMR)				SC						
				SC						
<b>Varicella</b> (Var)				SC						
				SC						
<input type="checkbox"/> Check box if this child has a physician-certified reliable history of chickenpox.** Date ___/___/___										
<b>Meningococcal Conjugate</b> (MCV4) or <b>Polysaccharide</b> (MPSV4)				IM•SC						
				IM•SC						
				IM•SC						
<b>Hepatitis A</b> (HepA)				IM						
				IM						
<b>Influenza</b> Inactivated (Intramuscular) or Live (Intranasal)				IM•IN						
				IM•IN						
				IM•IN						
<b>Pneumococcal Polysaccharide</b> (PPV23)				IM•SC						
				IM•SC						
<b>Other</b>										
<b>Other</b>										

\* 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.

\*\* 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.