

Vaccine Administration Record

Record Number: _____
 Patient Name: _____
 Address: _____
 Birth Date: _____ Male _____ Female _____
 Medicare Number: _____
 Insurance Number: _____

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	Route	Site given** (RA, LA, RT, LT)	Vaccine		Vaccine Information Statement		Vaccine Admin Initials
					lot #	mfr.	Date on VIS	Date given	
Hepatitis B (e.g. HepB, Hib-HepB, DTaP-HepB-IPV)			IM						
			IM						
			IM						
Diphtheria, Tetanus, Pertussis (e.g. DTaP, DT, DTaP-Hib, DTaP-HepB-IPV, Td)			IM						
			IM						
			IM						
			IM						
			IM						
			IM						
			IM						
Haemophilus influenzae type b (e.g., Hib, Hib-HepB, DTaP-Hib)			IM						
			IM						
			IM						
			IM						
Polio (e.g., IPV, DTaP-HepB-IPV)			IM•SC						
			IM•SC						
			IM•SC						
			IM•SC						
Pneumococcal Conjugate (PCV7)			IM						
			IM						
			IM						
			IM						
Measles, Mumps, Rubella (MMR)			SC						
			SC						
Varicella (Var)			SC						
			SC						
<input type="checkbox"/> Check box if this child has a physician-certified reliable history of chickenpox.*** Date box checked ___/___/___									
Hepatitis A (HepA)			IM						
			IM						
Influenza (Flu)			IM						
			IM						
			IM						
Pneumococcal polysaccharide (PPV23)			IM•SC						
			IM•SC						
Other									
Other									

* 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.

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

***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.