

# Vaccine Administration Record for Children and Teens

Patient name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Chart number: \_\_\_\_\_

| Vaccine  | Type of Vaccine <sup>1</sup><br>(generic abbreviation) | Date given<br>(mo/day/yr) | Source<br>(F,S,P) <sup>2</sup> | Site <sup>3</sup> | Vaccine |      | Vaccine Information Statement |                         | Signature/<br>initials of<br>vaccinator |
|--|--|---------------------------|--------------------------------|-------------------|---------|------|-------------------------------|-------------------------|---|
|  |  |                           |                                |                   | Lot #   | Mfr. | Date on VIS <sup>4</sup>      | Date given <sup>4</sup> |   |
| <b>Hepatitis B<sup>5</sup></b><br>(e.g., HepB, Hib-HepB, DTaP-HepB-IPV)<br>Give IM.                                  |  |                           |                                |                   |         |      |                               |                         |   |
| <b>Diphtheria, Tetanus, Pertussis<sup>5</sup></b><br>(e.g., DTaP, DTaP-Hib, DTaP-HepB-IPV, DT, Tdap, Td)<br>Give IM. |  |                           |                                |                   |         |      |                               |                         |   |
| <b>Haemophilus influenzae type b<sup>5</sup></b><br>(e.g., Hib, Hib-HepB, DTaP-Hib) Give IM.                         |  |                           |                                |                   |         |      |                               |                         |   |
| <b>Polio<sup>5</sup></b><br>(e.g., IPV, DTaP-HepB-IPV)<br>Give IPV SC or IM.<br>Give DTaP-HepB-IPV IM.               |  |                           |                                |                   |         |      |                               |                         |   |
| <b>Pneumococcal</b><br>(e.g., PCV, conjugate; PPV, polysaccharide)<br>Give PCV IM.<br>Give PPV SC or IM.             |  |                           |                                |                   |         |      |                               |                         |   |
| <b>Rotavirus (Rv)</b><br>Give oral (po).   |  |                           |                                |                   |         |      |                               |                         |   |
| <b>Measles, Mumps, Rubella<sup>5</sup></b> (e.g., MMR, MMRV) Give SC.  |  |                           |                                |                   |         |      |                               |                         |   |
| <b>Varicella<sup>5</sup></b> (e.g., Var, MMRV) Give SC.  |  |                           |                                |                   |         |      |                               |                         |   |
| <b>Hepatitis A (HepA)</b><br>Give IM.  |  |                           |                                |                   |         |      |                               |                         |   |
| <b>Meningococcal</b> (e.g., MCV4; MPSV4) Give MCV4 IM and MPSV4 SC.  |  |                           |                                |                   |         |      |                               |                         |   |
| <b>Human papillomavirus</b><br>(e.g., HPV)<br>Give IM.   |  |                           |                                |                   |         |      |                               |                         |   |
| <b>Influenza<sup>5</sup></b> (e.g., TIV, inactivated; LAIV, live attenuated) Give TIV IM. Give LAIV IN.              |  |                           |                                |                   |         |      |                               |                         |   |
| <b>Other</b>   |  |                           |                                |                   |         |      |                               |                         |   |

1. Record the generic abbreviation for the type of vaccine given (e.g., DTaP-Hib, PCV), *not* the trade name.
2. Record the source of the vaccine given as either F (Federally-supported), S (State-supported), or P (supported by Private insurance or other Private funds).

3. Record the site where vaccine was administered as either RA (Right Arm), LA (Left Arm), RT (Right Thigh), LT (Left Thigh), IN (Intranasal), or O (Oral).
4. Record the publication date of each VIS as well as the date it is given to the patient.
5. For combination vaccines, fill in a row for each separate antigen in the combination.