

Vaccine Administration Record for Children and Teens

Patient name: _____

Birthdate: _____

Chart number: _____

Vaccine	Type of Vaccine ¹ (generic abbreviation)	Date given (mo/day/yr)	Source (F,S,P) ²	Site ³	Vaccine		Vaccine Information Statement		Signature/ initials of vaccinator
					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Hepatitis B⁵ (e.g., HepB, Hib-HepB, DTaP-HepB-IPV) Give IM.									
Diphtheria, Tetanus, Pertussis⁶ (e.g., DTaP, DTaP-Hib, DTaP-HepB-IPV, DT, DTaP-Hib-IPV, Tdap, DTaP-IPV, Td) Give IM.									
Haemophilus influenzae type b⁶ (e.g., Hib, Hib-HepB, DTaP-Hib-IPV, DTaP-Hib) Give IM.									
Polio⁵ (e.g., IPV, DTaP-HepB-IPV, DTaP-Hib-IPV, DTaP-IPV) Give IPV SC or IM. Give all others IM.									
Pneumococcal (e.g., PCV, conjugate; PPV, polysaccharide) Give PCV IM. Give PPV SC or IM.									
Rotavirus (Rota) Give oral (po).									
Measles, Mumps, Rubella⁶ (e.g., MMR, MMRV) Give SC.									
Varicella⁶ (e.g., Var, MMRV) Give SC.									
Hepatitis A (HepA) Give IM.									
Meningococcal (e.g., MCV4; MPSV4) Give MCV4 IM and MPSV4 SC.									
Human papillomavirus (e.g., HPV) Give IM.									
Influenza⁶ (e.g., TIV, inactivated; LAIV, live attenuated) Give TIV IM. Give LAIV IN.									
Other									

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 po (by mouth).

⁴ Record the publication date of each VIS as well as the date it is given to the patient. S. For combination vaccines, fill in a row for each separate antigen in the combination.