

Doses Administered in MCIR

Remember - State law (*Public Health Act 540 of 1996*) requires documenting immunizations in the MCIR within 72 hours of vaccination regardless of whether the child receives VFC or private stock vaccine.

Adding Shots Given in Your Clinic so the Doses are Counted Correctly:

Be sure to sign in under the correct **MCIR Site Name**. If you work in multiple clinics or are a registered user with more than one MCIR site it is important to check the **Site Name** that you are signed into when entering doses. MCIR will automatically put doses entered under that **Site Name** on that site's **VFC Doses Admin Report**. The **VFC Doses Admin Report** is a record of all public vaccines administered under one specific **Site Name**. If doses are entered under the wrong **Site Name**, it will look like your site did not use the vaccine, and the other site did! When you get to the **MCIR - Add Immunization** screen, verify that the correct clinic appears in the **dark blue title bar at the very top of the screen**.

If you are entering a date for a shot that was not given in your clinic (for example, from a copy of a parent's shot record), select **Type: Historical**. It will not be placed on the **VFC Doses Admin Report**. If you do not do this, your report will show that you used more vaccine doses than you really did.

Recording VFC Eligibility When Adding Immunization Encounters:

VFC eligibility (shown as **Elig.** on the **MCIR – Add Immunization** screen) must be used for each dose entered or the immunization encounter will not be recorded on the **VFC Doses Admin Report**. Select the appropriate vaccine eligibility. The vaccine eligibility you select will be recorded on both the **VFC Doses Admin Report** and on the **Provider Profile Data Report**.

Children eligible for VFC include:

1. Medicaid eligible (Medicaid VFC)
2. uninsured (no health insurance)
3. American Indian/Alaska Native
4. underinsured (Insurance does not cover cost of vaccines)

Select **Private Pay/Insurance** if you are entering a shot you gave to a child with insurance that covers immunizations or a patient is paying for private purchase vaccine.

If you are entering a date for a shot that was not given in your clinic and have selected **Historical**, MCIR will automatically put "Other Provider Data" in the **Elig.*** box.

LHDs, state funded Teen Health Centers, STD clinic and Family Planning Clinics may participate in the High Risk Hepatitis B Program and should use **MI-VRP** eligibility for recording doses to those who are insured, and qualify for high risk hepatitis B. These doses will then populate the "VFC Doses Administered Report". However, if the client is less than 19 years of age and qualifies for VFC, they should be served with VFC vaccine and eligibility documented as Medicaid, uninsured, American Indian/Alaskan Native, or underinsured based on their situation.

Only LHDs, FQHCs, Migrant and Tribal Health Centers may participate in the Michigan Adult Vaccine Replacement Program (MI-VRP) and provide adult vaccines. Private providers and RHCs do not qualify for MI-VRP and **should not** use VFC vaccines for adults or use MI-VRP eligibility. Participating sites are to select **MI-VRP** in the eligibility box instead of uninsured or underinsured. These doses will then populate and be accounted for on the VFC "Doses Administered Report". Adults with Medicaid must be given private stock vaccine and select **Medicaid-non-VFC** in MCIR, sites must then bill Medicaid. MI-VRP adult doses will not populate the VFC "Annual Provider Profile" as they are not included in the VFC-Basic component of the VFC Program.

Categories to use for VFC “Doses Administered Reports”

MI-VFC: includes Medicaid VFC, uninsured, American Indian/Alaska Native, underinsured, MI-VRP

Other Public Funds: includes other public purchase types (usually LHD local funds)

Private Funds: includes Private Insurance, Medicaid-non VFC, and MI-CHILD

317 Special Funds: includes special initiatives that are pre-approved by MDCH

All: Summary of **All** vaccine eligibility types combined into one report

How to Generate the VFC “Doses Administered Report” in MCIR:

1. Go to the **Reports** tab and click on the **Vaccine** link.
2. Choose **VFC Doses Admin Report**, should default to “All Ages”, do not select through age 18.
3. Enter a **beginning date**.
4. Enter an **ending date**.
5. Choose vaccine purchase type: **MI-VFC**.
6. Name the report in the **Description** field with the **current month, day and year**
7. Click **Submit**.

After you click **Submit**, you will return to the **Home** page. On the **Home** page, click on **RETRIEVE RESULTS** from the **Reports** menu. Look for the current report that you just generated and click on the **REPORT** link to retrieve the report. The report will generate a PDF document for you to print and submit to your local health department.

Things to Remember with the “Doses Administered Report”:

- Enter all immunization encounters for the month before running a report.
- Always enter vaccine eligibility when adding an immunization encounter.
- Select **Historical** when recording immunizations you did not give.
- Select **Private Pay/Insurance** when recording immunizations administered with non-VFC (private stock) vaccines.
- Select **MI-Child** when recording private stock immunizations covered by MI-Child insurance.
- Keep a copy of the monthly report and give a copy to your local health department.

To view list of individuals who received the doses reported in the “Doses Administered Report”:

1. Go to the **Vaccine Management/VIM** tab.
2. Click on **VACCINES ADMINISTERED/VACS ADMIN** link.
3. Choose a **vaccine** that you wish to view **from the drop-down list**.
4. Enter a **beginning date**.
5. Enter an **ending date**.
6. Choose an **eligibility type**.
7. Click on **GET RECORDS**.

The number of total doses administered will appear on the screen for the vaccine you selected. To display the list of individuals who received this vaccine, just click on the number under the specific age group and those individuals will be displayed.

To add doses for persons who have OPTED OUT of MCIR:

Account for the doses administered

1. Go to the **VACCINE MANAGEMENT/VIM** tab.
2. Click on **VACCINES ADMINISTERED/VACS ADMIN** link.
3. Click on the **Add Non-Reported Administrations** link.
4. **Enter** the following information on the screen:
 - a. **Date** the vaccine was administered,
 - b. **Date of birth**,
 - c. **Vaccine eligibility**,
 - d. **Reason** for non-reporting.
5. Click **ADD RECORDS** and the vaccine doses will be added to your *Doses Administered Report*.

Account for the inventory deduction (for offices using the MCIR VIM)

6. Go to the **VACCINE MANAGEMENT/VIM** tab.
7. Click on the **Manage Inventory** link.
8. Select the **Inventory** (VFC/Public or Private). Click **Get Inventory**.
9. Click on the **Vaccine /Lot** that was administered.
10. Click **Add New Transaction**.
11. Enter **Date** the vaccine was administered, number of **Doses**, and choose Action: **MCIR Opted-Out**.
12. Click **SUBMIT** and the vaccine doses will be added to your *Ending Inventory Report*.

Provider Profile in MCIR

How to generate a Provider Profile Data Report in MCIR:

1. Go to **Reports** tab and click on the **Vaccine/Vac** link.
2. Choose **“Provider Profile Data”**.
3. Select the **Reporting Period** choose the longest time possible, based on data entry into MCIR .
4. Rename the report in the **Description Field**. Example (Profile 2011)
5. Click **SUBMIT**.
6. You will be sent back to the **Home** page.
7. In the **Reports** section of the **Home** page click on **Retrieve Results**.
8. When the report is ready, click on the **Report** link to view and print report.

Using the MCIR Provider “Profile Data Report” to Complete the “Provider Profile”:

1. Complete the following instructions and print and submit a copy, or copy the results to the provider profile table on the “Provider Profile” form found in Section II - Page 11, page 4 of the *VFC Provider Enrollment Form*.
 - a. Reporting period selected in the “Provider Profile Data Report”:

For **1 month**, multiply all numbers listed on the MCIR “Provider Profile Data Report” by 12.
Copy the results to the profile table.
For **3 months**, multiply all numbers listed on the MCIR “Provider Profile Data Report” by 4.
Copy the results to the profile table.
For **6 months**, multiply all numbers listed on the MCIR “Provider Profile Data Report” by 2.
Copy the results to the profile table.
For **12 months**, copy the numbers to the profile table.
2. Contact the local health department for further instructions on submitting this report.

MCIR Vaccine Inventory Module (VIM)

VIM is the vaccine management system within MCIR that is used by the Michigan Department of Community Health (MDCH) to account for VFC vaccine. All VFC providers are required to enter vaccine lot, manufacturer and vaccine eligibility for each administered dose. As vaccine doses are entered into MCIR they are automatically subtracted from the inventory. Providers use the MCIR VIM to regularly count, report on, and order new VFC inventory. Training on the VIM is provided by the regional MCIR offices.

How to Add Inventory to VIM

Once a VFC Provider is on the MCIR VIM, all vaccines ordered through McKesson are automatically uploaded into their inventory.

Varicella-containing vaccines are shipped directly from the manufacturer (Merck). All varicella-containing vaccines must be manually entered into VIM. Remember to complete all required fields. If you run short of vaccine and receive some from your LHD, or in cases of redistribution, you will need to manually enter these doses into VIM. If you need assistance with this process, please contact your MCIR Region (listed in this section on page 6).

Inventory from McKesson

Vaccines received from McKesson via UPS or FedEx will be automatically uploaded into the **VIM Inventory** of the VFC Provider PIN # that placed the order. The inventory must be checked by the provider office to verify that all vaccines were delivered and that data is in their VFC/Public MCIR inventory and is correct when compared to the packing slip included with the vaccine delivery.

Inventory from Private Provider to Satellite Office

A private provider who is giving up doses to an associated satellite office must create a **Return to Local Health Department** transaction, # of doses out, and then in the **comments** field, document PIN # of office that is to receive vaccine. **The Local Health Department must be notified, approve of transaction and determine if the vaccine must actually physically be brought to LHD or taken directly to receiving site.** The satellite office that receives the vaccine will create a transaction that is **Transferred In** with all required information and in **comment** field, document PIN # of office that transferred out these doses.

Private Stock Inventory

Each vaccine must be manually entered in the VIM, completing all the required fields.

Vaccine that has been issued a shorter expiration date per manufacturer due to a temperature excursion

Vaccine that has been exposed to an excursion must be called into the manufacturer and the LHD. If okay to use, but the manufacturer issued a shorter expiration date, the vaccine must be entered as a transaction of **Vaccine Short Dated**, subtracted from inventory with documentation in **comment** field (e.g. exposed to temps out of range, new expiration date xx/xx/xxxx). The same vaccine now with new shorter expiration date must be added back into inventory as **Transferred In**, with correct data entered in required fields.

Physical and Ending Inventory Reports

Physical Inventory Reports

1. Go to **Reports** tab and click on the **Inventory/Inv** link.
2. Choose "**Physical Inventory Report**".
3. Select the **Inventory** (VFC/Public or Private) for which you wish to generate the report.
4. Rename the report in the **Description Field**, for example "VFC 9-5-2011"

5. Click **SUBMIT**
6. You will be sent back to the **Home** page.
7. In the **Reports** section of the **Home** page; click on **Retrieve Results**.
8. When the report is ready, click on the **Report** link to view and print the report.

Ending Inventory Reports

1. Go to **Reports** tab and click on the **Inventory/Inv** link.
2. Choose **Ending Inventory Report**.
3. Select the **Inventory** (VFC/Public or Private) for which you wish to generate the report.
4. Select the **Ending Inventory Date** for which you wish to generate the report.
5. Rename the report in the **Description Field**, for example "Profile 2010".
6. Click **SUBMIT**.
7. You will be sent back to the **Home** page.
8. In the **Vaccine Management** section of the **Home** page, click on **Retrieve Results**.
9. When the report is ready, click on the **Reports** link to view and print the report.

MCIR Resources

Tip sheets and webcasts describing how to use current functions of the MCIR are available online at www.mcir.org.

For references specifically to the VIM, visit www.MCIR.org/SuperVIM.html - materials include:

Tip sheets

- Manage Inventory
- Adding & Editing Immunizations
- Balance Inventory

Computer requirement for viewing and printing tip sheets: Adobe Reader. This is available as a free download at <http://www.adobe.com/products/acrobat/readstep2.html>

Webcasts

- User Registration Training
- Site Administrator Training
- Balance Inventory Training

Computer requirements for viewing webcasts:

- *Windows MediaPlayer (free download at <http://windows.microsoft.com/en-US/windows/downloads/windows-media-player>)*
- *Broadband internet connection with streaming video & audio enabled*
- *Speakers or headphones to listen*

Contact Numbers for MCIR Regional Offices

REGION 1 City of Detroit; Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, and Wayne Counties

1-888-217-3900

REGION 2 Allegan, Berrien, Branch, Calhoun, Cass, Hillsdale, Ionia, Jackson, Kalamazoo, Kent, Lenawee, Muskegon, Ottawa, St. Joseph, and Van Buren Counties

1-888-217-3901

REGION 3 Barry, Clinton, Eaton, Gratiot, Ingham, and Montcalm Counties

1-888-217-3902

REGION 4 Bay, Genesee, Huron, Lapeer, Midland, Saginaw, Sanilac, Shiawassee, and Tuscola Counties

1-888-217-3903

REGION 5 Alcona, Alpena, Antrim, Arenac, Benzie, Charlevoix, Cheboygan, Clare, Crawford, Emmet, Gladwin, Grand Traverse, Iosco, Isabella, Kalkaska, Lake, Leelanau, Manistee, Mason, Mecosta, Missaukee, Montmorency, Newaygo, Oceana, Ogemaw, Oscoda, Osceola, Otsego, Presque Isle, Roscommon, and Wexford Counties

1-888-217-3904

REGION 6 Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, and Schoolcraft Counties

1-888-217-3905

CPT and MCIR Vaccine Codes

(Revised August 8, 2011)

Vaccine Name	CPT Codes	MCIR Vaccine Codes
Anthrax	90581	24
Botulinum antitoxin	90287	27
Cholera	90725	26
CMVIG	90291	29
Diphtheria antitoxin	90296	12
DTaP (Tripedia, Infanrix)	90700	20
DTaP (Daptacel)	Not Assigned	106
DTaP-Hep B-IPV	90723	110
DTaP-Hib	90721	50
DTaP-Hib-IPV	90698	120
DTaP-IPV	90696	130
DTP-Hib	90720	22
DT (pediatric)	90702	28
HBIG	90371	30
Hep A (adult)	90632	52
Hep A (pediatric 2-dose)	90633	83
Hep A (pediatric 3-dose)	90634	84
Hep A-Hep B (adult)	90636	104
Hep B (adolescent or pediatric)	90744	08
Hep B (adolescent 2-dose)	90743	43
Hep B (adult)	90746	43
Hep B (dialysis)	90740	44
Hib-OmnihIB (PRP-T) ActHIB/Hiberix	90648	48
Hib-HibTITER (HbOC)	90645	47
Hib-PedvaxHIB (PRP-OMP)	90647	49
Hib-ProHIBIT (PRP-D)	90646	46
Hib-Hep B	90748	51
HPV2	90650	118
HPV4	90649	62

Vaccine Name	CPT Codes	MCIR Vaccine Codes
IG (IM use)	90281	86
Influenza (preservative-free) – split (ages 6-35 months)	90655	15
Influenza (preservative-free) – split (ages 36 months and older)	90656	15
Influenza – split (ages 6-35 months)	90657	15
Influenza – split (ages 3 years and older)	90658	15
Influenza – intranasal (ages 2 years through 49 years)	90660	111
Influenza-intradermal (ages 18 years through 64 years)	90654	144
IPV-Injectable Polio	90713	10
Japanese Encephalitis	90735	39
Measles	90705	05
Measles-Rubella	90708	04
Meningococcal Conjugate Menactra (P) (CPT links to both) Menveo (O)	90734	114 (MCV4P) 136 (MCV4O)
Meningococcal Polysaccharide	90733	32
MMR	90707	03
MMRV	90710	94
Mumps	90704	07
Novel Influenza – H1N1-09, nasal	90664	125
Novel Influenza – H1N1-09, preservative-free	90666	126
Novel Influenza – H1N1-09 (shot)	90668	127
Novel Influenza – H1N1-09, all formulations	90663	128
OPV-Oral Polio	90712	02
Pertussis	Not assigned	11
Plague	90727	23
Pneumococcal Conjugate-PCV7	90669	100
Pneumococcal Conjugate-PCV13	90670	133
Pneumococcal Polysaccharide PPV23	90732	33
Rabies Intradermal	90676	40
Rabies Intramuscular	90675	18

Vaccine Name	CPT Codes	MCIR Vaccine Codes
RIG	90375	34
Rotavirus (3-dose) RV5	90680	116
Rotavirus (2-dose) RV1	90681	119
Rubella	90706	06
Rubella-Mumps	Not assigned	38
Tetanus Toxoid	90703	35
Td	90714	113
Tdap	90715	115
TIG	90389	13
Typhoid - oral	90690	25
Typhoid - parenteral	90692	41
Typhoid - Vi capsular	90691	101
Varicella	90716	21
VZIG	90396	36
Yellow Fever	90717	37
Zoster (shingles)	90736	121

What Other Immunization Resources Are There?

1. For questions related to specific vaccines, call the vaccine manufacturers directly:
 - a. sanofi pasteur 800-822-2463
 - b. GlaxoSmithKline 888-825-5249
 - c. Merck 800-609-4618
 - d. Pfizer (Wyeth) 800-999-9384
 - e. MedImmune 877-633-4411
 - f. Novartis 800-244-7668
2. For general vaccine, immunization and VFC questions, contact:
 - a. Your Local Health Department
 - b. Division of Immunization, Michigan Department of Community Health, 517-335-8159.
3. For questions about the Michigan Care Improvement Registry (MCIR), contact your regional MCIR office or your local health department. A list of regional contacts for the MCIR is provided in this section on page 6.
4. Participating in an AFIX (Assessment, Feedback, Incentive & eXchange of information) visit provides physician offices with information about the immunization status of their pediatric patients, including vaccination coverage levels and barriers to immunizing patients. Successful immunization strategies are identified, and solutions are discussed during an AFIX visit. Many offices receive an AFIX visit at the time of the VFC site visit. If providers would like additional or more detailed AFIX information, contact the MDCH Division of Immunization AFIX staff at 517-335-9011.
5. To keep up to date with immunization issues in general, the following resources can be obtained by contacting the MDCH Division of Immunization at 517-335-8159.
 - a. *Michigan Immunization Update*, a periodic newsletter published by the MDCH Division of Immunization.
 - b. Regional fall immunization conferences sponsored by the MDCH Division of Immunization.
 - c. CDC satellite and webcast courses on immunization.
 - d. Office/Clinic Staff Immunization Updates (pediatric, adolescent, adult, influenza, Ob/Gyn, vaccine administration, vaccine management, VFC overview) are free in-services on the latest vaccine information/recommendations. Education contact hours are available for nurses and physicians.
 - e. ABCs of Hepatitis is a free in-service that provides an overview of hepatitis “A – E” diseases. Education contact hours are available for nurses.
6. For immunization update programs targeting physicians, contact the Michigan State University Physician Peer Education Project at 517-353-6674.

Temperature Conversion Chart

Celsius.....Fahrenheit

Celsius	Fahrenheit
25	77.0
24	75.2
23	73.4
22	71.6
21	69.8
20	68.0
19	66.2
18	64.4
17	62.6
16	60.8
15	59.0
14	57.2
13	55.4
12	53.6
11	51.8
10	50.0
9	48.2
8	46.4
7	44.6
6	42.8
5	41.0
4	39.2
3	37.4
2	35.6



Celsius	Fahrenheit
0	32.0
-1	30.2
-2	28.4
-3	26.6
-4	24.8
-5	23.0
-6	21.2
-7	19.4
-8	17.6
-9	15.8
-10	14.0
-11	12.2
-12	10.4
-13	8.69
-14	6.8
-15	5.0
-16	3.2
-17	1.4
-18	- 0.4
-19	- 2.2
-20	- 4.0
-21	- 5.8
-22	- 7.6
-23	- 9.4

The equation for converting Fahrenheit to Celsius is: $((\text{Deg. F}) - 32) \times \frac{5}{9} = \text{Deg. C}$

Two websites you can access for temperature conversion are:
<http://fahrenheittocelsius.com> and <http://www.celsius-fahrenheit.com>

Refusal to Consent to Vaccination Children and Adolescents

This tool is used to document a refusal to vaccinate in the patient's medical record. This is not a waiver form. Parents or guardians may obtain a form for a waiver from the child's childcare or school program. Contact your local health department for more information.

Child's Name: _____ Child's ID# _____

Parent's/Guardian's Name(s): _____

My child's health care provider, _____, has advised me that my child (named above) should receive the following vaccines:

Recommended	Vaccine	Declined
	Diphtheria, tetanus, acellular pertussis (DTaP)	
	Diphtheria, tetanus (DT or Td)	
	<i>Haemophilus influenzae</i> type B (Hib)	
	Hepatitis A	
	Hepatitis B	
	Human papillomavirus (HPV)	
	Influenza (TIV or LAIV)	
	Measles, mumps, rubella (MMR)	
	Meningococcal (MCV or MPSV)	
	Pneumococcal vaccine (PCV or PPSV)	
	Polio (IPV)	
	Rotavirus (RV)	
	Tetanus, diphtheria, acellular pertussis (Tdap)	
	Varicella (chickenpox)	
	Other: _____	

I have read the Centers for Disease Control and Prevention's (CDC) Vaccine Information Sheet(s) explaining the vaccine(s) and the disease(s) they prevent. My child's health care provider has explained to me (and I understand) the following:

- The **purpose** of the recommended vaccination
- The **risks and benefits** of the recommended vaccination
- **Possible consequence(s)** of not allowing my child to receive the recommended vaccination may include contracting the illness the vaccine is intended to prevent and transmitting the disease to others.
- My doctor, the American Academy of Pediatrics, the American Academy of Family Physicians, and the Centers for Disease Control and Prevention (CDC) have all strongly recommended that the vaccine(s) be given.

The health care provider has answered all of my questions.

I know that I may change my mind and accept vaccination for my child in the future.

I accept sole responsibility for any consequences as a result of my child not being vaccinated.

I acknowledge that I have read this document in its entirety and fully understand it.

Parent/Guardian Signature Date

Witness Date

I have had the opportunity to re-discuss my decision not to vaccinate my child and still decline the recommended immunizations:

Parent's initials _____ Date _____ Parent's initials _____ Date _____ Parent's initials _____ Date _____

Parent's initials _____ Date _____ Parent's initials _____ Date _____ Parent's initials _____ Date _____

Adapted from the American Academy of Pediatrics (AAP)

Vaccine Administration Record for Children and Teens

Clinic Name/Address

Patient Name: _____

Date of Birth: _____ MCIR ID# _____

Vaccine	Date Vaccine ¹ & Vaccine Info Statement (VIS) Given	Type of Vaccine	Date on VIS	Vaccine Manf.	Vaccine Lot Number	Site Given ²	Route ³	Signature of Vaccine Administrator	Client VFC Status ⁴
Diphtheria/ Tetanus/Pertussis DTaP DTaP-IPV-HepB DTaP-IPV DTaP-Hib DTaP-IPV-Hib Tdap Td DT									
<i>Haemophilus influenzae</i> type b Hib DTaP-Hib Hib-HepB DTaP-IPV-Hib									
Hepatitis B HepB Hib-HepB DTaP-IPV-HepB									
Hepatitis A HepA									
Polio IPV DTaP-IPV DTaP-IPV-Hib DTaP-IPV-HepB									
Measles/Mumps/ Rubella MMR MMRV									
Varicella Var MMRV									
Pneumococcal conjugate PCV7 PCV13									
Rotavirus RV1 RV5									
Influenza TIV (IM) LAIV (Intranasal) (More space on back.)									
Meningococcal MCV4 MPSV4									
Human Papillomavirus HPV2 HPV4									

¹ Place an asterisk (*) next to the date the vaccine was given to indicate vaccines administered elsewhere.
² Site Code: LA=LT ARM, RA=RT ARM, LL=LT LEG, RL=RT LEG ³ Route Code: IM= intramuscular, SC=subcutaneous, IN=intranasal, PO=oral
⁴ Client Status: M=Medicaid, U=Uninsured, D=Underinsured, P=Private Insurance, A=American Indian or Alaskan Native, V=MIVRP, L=Other Public Purchase

Patient Name: _____ Date of Birth: _____ MCIR ID# _____

Vaccine	Date Vaccine ¹ & Vaccine Info Statement (VIS) Given	Type of Vaccine	Date on VIS	Vaccine Manf.	Vaccine Lot Number	Site Given ²	Route ³	Signature of Vaccine Administrator	Client VFC Status ⁴
Additional Influenza TIV (IM) LAIV (Intranasal)									
Other									
Other									
Other									
Other									

¹ Place an asterisk (*) next to the date the vaccine was given to indicate vaccines administered elsewhere.
² Site Code: LA=LT ARM, RA=RT ARM, LL=LT LEG, RL=RT LEG ³ Route Code: IM= intramuscular, SC=subcutaneous, IN=intranasal, PO=oral
⁴ Client Status: M=Medicaid, U=Uninsured, D=Underinsured, P=Private Insurance, A=American Indian or Alaskan Native, V=MIVRP, L=Other Public Purchase

Note: Patients/parents should be informed about the risks and benefits associated with immunizations including those associated with the vaccine-preventable disease. Federal and state guidelines do not require a parent/patient signature to administer vaccines. However, health care providers have the option to obtain a signature. Check with your agency for specific requirements.

I have been given a copy and have read, or have had explained to me, the information contained on the appropriate Vaccine Information Statement (VIS) about the disease(s) and the vaccine(s) which are to be administered today. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the specific vaccine(s) and I ask that the vaccine(s) I have requested be given to me, or to the person named, for whom I am authorized to make this request.

1. SIGNATURE	DATE	Insurance Status	7. SIGNATURE	DATE	Insurance Status
2. SIGNATURE	DATE	Insurance Status	8. SIGNATURE	DATE	Insurance Status
3. SIGNATURE	DATE	Insurance Status	9. SIGNATURE	DATE	Insurance Status
4. SIGNATURE	DATE	Insurance Status	10. SIGNATURE	DATE	Insurance Status
5. SIGNATURE	DATE	Insurance Status	11. SIGNATURE	DATE	Insurance Status
6. SIGNATURE	DATE	Insurance Status	12. SIGNATURE	DATE	Insurance Status



August 19, 2011

A pdf file of this Vaccine Administration Record can be obtained by visiting www.aimtoolkit.org.