Vaccine Administration Record for Children and Teens

Patient Name: *Any Child*

Date of Birth: *11/30/2008* MCIR ID#

Clinic Name/Address

Guide for using this form…

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	02/05/09	DTap-IPV-HepB	5/17/07	GSK	635A2	RT	IM	Courtnay Hill MA	M
DTaP	04/05/09	DTap-IPV-HepB	5/17/07	GSK	712A2	RT	IM	Cristi Smith MA	M
DTaP-IPV-HepB	06/10/10	DTaP	5/17/07	SP		RT	IM	Cristi Smith MA	M
DTaP-IPV									
DTaP-Hib									
DTaP-IPV-Hib									
Tdap									
Td									
DT									
Haemophilus influenzae type b	02/05/09	Hib	12/16/98	SP	635A2	LT	IM	Courtnay Hill MA	M
Hib	04/05/09	Hib	12/16/98	SP	712A2	LT	IM	Cristi Smith MA	M
DTaP-Hib	6/10/10	Hib		SP	873A2	LT	IM	Cristi Smith MA	M
Hib-HepB									
DTaP-IPV-Hib									
Hepatitis B	11/30/08*	Hep B	Other	Provider	Data				
HepB	02/05/09	DTap-IPV-HepB	7/18/07	GSK	635A2	RT	IM	Courtnay Hill MA	M
Hib-HepB	04/05/09	DTap-IPV-HepB	7/18/07	GSK	712A2	RT	IM	Cristi Smith MA	M
DTaP-IPV-HepB	06/10/10	HepB	7/18/07	GSK	712A2	RT	IM	Cristi Smith MA	M
Hepatitis A	02/05/09	HepA	3/26/06	Merck	635A2	RT	IM	Courtnay Hill MA	M
HepA	06/10/10	HepA	3/26/06	Merck	712A2	RT	IM	Cristi Smith MA	M
Polio	02/05/09	DTap-IPV-HepB	1/01/00	GSK	635A2	RT	IM	Courtnay Hill MA	M
IPV	04/05/09	DTap-IPV-HepB	1/01/00	GSK	712A2	RT	IM	Cristi Smith MA	M
DTaP-IPV	06/10/10	IPV		SP	37892	LT	IM	Cristi Smith MA	M
DTaP-IPV-Hib									
DTaP-IPV-HepB									
Measles/Mumps/ Rubella	06/10/10	MMR	3/13/08	Merck	635A2	RT	SC	Cristi Smith MA	M
MMR									
MMRV									
Varicella	Disease Date								
Var	03/03/10								
MMRV									
Pneumococcal conjugate	02/05/09	PCV7	12/09/08	PFZ	635A2	RT	IM	Courtnay Hill MA	M
PCV7	04/05/09	PVC7	12/09/08	PFZ	712A2	RT	IM	Cristi Smith MA	M
PCV13	06/10/10	PCV13	4/16/10	PFZ	712A2	RT	IM	Cristi Smith MA	M
Rotavirus	02/05/09	RV5	8/28/08	Merck	635A2		PO	Courtnay Hill MA	M
RV1	04/05/09	RV5	8/28/08	Merck	712A2		PO	Cristi Smith MA	M
RV5									
Influenza	10/10/11*	TIV	Other	Provider	Data				
TIV (Injectable)									
LAIV (Intranasal)									
(More space on back.)									
Meningococcal									
MCV4									
MPSV4									
Human Papillomavirus									
HPV2									
HPV4									

▪Same shot (DTaP-IPV-HepB)
▪3 **different** Vaccine Information Statement (VIS version dates

Documents disease history

[*] Indicates vaccine given elsewhere

Examples of how to complete the VAR for:

▪Single Vaccines (i.e. DTaP, MMR or PCV)
▪Combination Vaccines (i.e. DTaP-IPV-HepB)
▪Vaccines given by another provider/site
▪History of Chickenpox disease

[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 VFCStatus: M=Medicaid, U=Uninsured, D=Underinsured, A=American Indian or Alaskan Native, L=Other Public Purchase, P=Private Insurance**