

Vaccine Administration Record for Adults

Patient Name: _____

Date of Birth: _____

MCIR ID #: _____

Clinic Name/Address
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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	Name & Title of Vaccine Administrator	Client Status ⁴
Tetanus, Diphtheria, Pertussis (e.g., Tdap, Td)									
Hepatitis B (e.g., HepB, HepA-HepB)									
Measles, Mumps, Rubella (MMR)									
Varicella (Var)									
Hepatitis A (e.g., HepA, HepA-HepB)									
Meningococcal ACWY (e.g., MenACWY [MCV4])									
Meningococcal B (MenB)									
Human Papillomavirus (e.g., 2vHPV, 4vHPV, 9vHPV)									
Zoster (shingles) (e.g., ZVL, RZV)									

¹ Place an asterisk (*) next to the date the vaccine was given to indicate vaccines administered elsewhere.

² Site Code: LA=Left Arm, RA=Right Arm, LL=Left Leg, RL=Right Leg, and Nasal

³ Route Code: IM=intramuscular, SC=subcutaneous, ID=intradermal, IN/NAS=intranasal, PO=oral

⁴ Client Status: V=MI-AVP (AVP providers only, using publicly funded vaccine for eligible uninsured/underinsured adults), M=Medicaid/Adult-Non VFC, P=Private Insurance (includes Medicare), L=Other Public Purchase

See page 2 to record influenza, pneumococcal conjugate and polysaccharide, and other vaccines (e.g., travel vaccines).

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	Name & Title of Vaccine Administrator	Status ⁴
Influenza (e.g., IIV3, HD-IIV3, aIIV3, ccIIV3, RIV3, IIV4, ccIIV4, RIV4, LAIV4)									
Pneumococcal conjugate (e.g., PCV13)									
Pneumococcal polysaccharide (e.g., PPSV23)									
Other:									
Other:									
Other:									
Other:									

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Note: Patients must be given a copy and have read or have had explained to them the information contained on the appropriate Vaccine Information Statement(s) (VIS) about vaccine(s) which are to be administered today and the disease(s) they protect against. Federal and state guidelines do not require a patient signature to administer vaccines. However, health care providers have the option to obtain a signature.

1. SIGNATURE	DATE	Insurance Status	4. SIGNATURE	DATE	Insurance Status
2. SIGNATURE	DATE	Insurance Status	5. SIGNATURE	DATE	Insurance Status
3. SIGNATURE	DATE	Insurance Status	6. SIGNATURE	DATE	Insurance Status