

# Vaccine Administration Record for Children and Teens

Clinic Name/Address

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ MCIR ID# \_\_\_\_\_

Vaccine	Date Vaccine <sup>1</sup> & Vaccine Info Statement (VIS) Given	Type of Vaccine	Date on VIS	Vaccine Manf.	Vaccine Lot Number	Site Given <sup>2</sup>	Route <sup>3</sup>	Name & Title of Vaccine Administrator	Client VFC Status <sup>4</sup>
<b>Diphtheria, Tetanus, Pertussis</b> (e.g., DTaP, DT, DTaP-IPV-HepB, DTaP-IPV/Hib, DTaP-IPV, Tdap, Td)									
<b>Haemophilus influenzae type b</b> (e.g., Hib, Hib-HepB, DTaP-IPV/Hib, Hib-MenCY)									
<b>Hepatitis B</b> (e.g., HepB, Hib-HepB, DTaP-IPV-HepB)									
<b>Hepatitis A</b> (HepA)									
<b>Polio</b> (e.g., IPV, DTaP-IPV, DTaP-IPV/Hib, DTaP-IPV-HepB)									
<b>Measles/Mumps/Rubella</b> (e.g., MMR, MMRV)									
<b>Varicella</b> (e.g., Var, MMRV)									
<b>Pneumococcal conjugate</b> (e.g., PCV7, PCV13)									
<b>Rotavirus</b> (RV1, RV5)									
<b>Human Papillomavirus</b> (e.g., 2vHPV, 4vHPV, 9vHPV)									

<sup>1</sup> Place an asterisk (\*) next to the date the vaccine was given to indicate vaccines administered elsewhere.

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

<sup>3</sup> Route Code: IM=intramuscular, SC=subcutaneous, IN/NAS=intranasal, PO=oral

<sup>4</sup> Client Status: M=Medicaid, U=Uninsured, D=Underinsured, P=Private Insurance, A=American Indian or Alaskan Native, L=Other Public Purchase

See page 2 to record meningococcal ACWY, meningococcal B, influenza, and other vaccines (e.g., travel vaccines).

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Meningococcal ACWY (e.g., MenACWY [MCV4], Hib-MenCY)									
Meningococcal B (MenB)									
Influenza (e.g., IIV3, ccIIV3, LAIV3, IV4, ccIIV4, LAIV4)									
Other:									
Other:									
Other:									
Other:									

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<sup>3</sup> Route Code: IM=intramuscular, SC=subcutaneous, IN/NAS=intranasal, PO=oral  
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**Note: Patients/parents/guardians 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/parent 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