

# Vaccine Administration Record for Adults

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

Date of Birth: \_\_\_\_\_

MCIR ID #: \_\_\_\_\_

Clinic Name/Address

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>	Signature of Vaccine Administrator	Client Status <sup>4</sup>
<b>Diphtheria/ Tetanus/Pertussis</b> Td Tdap									
<b>Hepatitis B</b> HepB HepA/HepB									
<b>Measles, Mumps, Rubella</b> MMR									
<b>Varicella</b> Var									
<b>Influenza</b> IIV3 (IM) IIV4 (IM) IIV High Dose (IM) IIV ID (Intradermal) LAIV4 (Intranasal) ocIIV3 (IM) RIV3 (IM) (More spaces on back)									
<b>Pneumococcal</b> PPSV23 PCV13									
<b>Hepatitis A</b> HepA HepA/HepB									
<b>Meningococcal</b> MCV4 MPSV4									
<b>Human Papillomavirus</b> HPV4 HPV2									
<b>Zoster</b> HZV									
Other									
Other									
Other									

<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=LT ARM, RA=RT ARM, LL=LT LEG, RL=RT LEG, and Nasal

<sup>3</sup> Route Code: IM=intramuscular, SC=subcutaneous, ID=intradermal, and IN=intranasal

<sup>4</sup> Client Status: (Using publicly funded vaccines) V=MI-VRP (includes uninsured/underinsured) L=Other Public Purchase (Using privately purchased vaccines) M=Medicaid/Adult-Non VFC, P=Private Insurance (includes Medicare)

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>	Signature of Vaccine Administrator	Client Status <sup>4</sup>
<b>Influenza</b> IIV3 (IM) IIV4 (IM) IIV High Dose (IM) IIV ID (Intradermal) LAIV4 (Intranasal) ccIIV3 (IM) RIV3 (IM)									

**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 patient/parent signature to administer vaccines. However, health care providers have the option to obtain a signature. Check with your agency for specific requirements.**

<b>Notes:</b>

**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	6. SIGNATURE	DATE	Insurance Status
2. SIGNATURE	DATE	Insurance Status	7. SIGNATURE	DATE	Insurance Status
3. SIGNATURE	DATE	Insurance Status	8. SIGNATURE	DATE	Insurance Status
4. SIGNATURE	DATE	Insurance Status	9. SIGNATURE	DATE	Insurance Status
5. SIGNATURE	DATE	Insurance Status	10. SIGNATURE	DATE	Insurance Status