

Vaccine Administration Record for Children and Teens

Patient name: _____

Birthdate: _____ Chart number: _____

Clinic name and address

Before administering any vaccines, give copies of all pertinent Vaccine Information Statements (VISs) to the child's parent or legal representative and make sure he/she understands the risks and benefits of the vaccine(s). Always provide or update the patient's personal record card.

Vaccine	Type of Vaccine ¹	Date given (mo/day/yr)	Funding Source (F,S,P) ²	Route & Site ³	Vaccine		Vaccine Information Statement (VIS)		Vaccinator ⁵ (signature or initials & title)
					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Hepatitis B⁶ (e.g., HepB, Hib-HepB, DTaP-HepB-IPV) Give IM. ³									
Diphtheria, Tetanus, Pertussis⁶ (e.g., DTaP, DTaP/Hib, DTaP-HepB-IPV, DT, DTaP-IPV/Hib, Tdap, DTaP-IPV, Td) Give IM. ³									
Haemophilus influenzae type b⁶ (e.g., Hib, Hib-HepB, DTaP-IPV/Hib, DTaP/Hib, Hib-MenCY) Give IM. ³									
Polio⁶ (e.g., IPV, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV) Give IPV SC or IM. ³ Give all others IM. ³									
Pneumococcal (e.g., PCV7, PCV13, conjugate; PPSV23, polysaccharide) Give PCV IM. ³ Give PPSV SC or IM. ³									
Rotavirus (RV1, RV5) Give orally (po). ³									

See page 2 to record measles-mumps-rubella, varicella, hepatitis A, meningococcal, HPV, influenza, and other vaccines (e.g., travel vaccines).

How to Complete This Record

- Record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine (see table at right).
- Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
- Record the route by which the vaccine was given as either intramuscular (IM), subcutaneous (SC), intradermal (ID), intranasal (IN), or oral (PO) and also the site where it was administered as either RA (right arm), LA (left arm), RT (right thigh), or LT (left thigh).
- Record the publication date of each VIS as well as the date the VIS is given to the patient.
- To meet the space constraints of this form and federal requirements for documentation, a healthcare setting may want to keep a reference list of vaccinators that includes their initials and titles.
- For combination vaccines, fill in a row for each antigen in the combination.

Abbreviation	Trade Name and Manufacturer
DTaP	Daptacel (sanofi); Infanrix (GlaxoSmithKline [GSK]); Tripedia (sanofi pasteur)
DT (pediatric)	Generic DT (sanofi pasteur)
DTaP-HepB-IPV	Pediarix (GSK)
DTaP/Hib	TriHIBit (sanofi pasteur)
DTaP-IPV/Hib	Pentacel (sanofi pasteur)
DTaP-IPV	Kinrix (GSK)
HepB	Engerix-B (GSK); Recombivax HB (Merck)
HepA-HepB	Twinrix (GSK), can be given to teens age 18 and older
Hib	ActHIB (sanofi pasteur); Hiberix (GSK); PedvaxHIB (Merck)
Hib-HepB	Comvax (Merck)
Hib-MenCY	MenHibrix (GSK)
IPV	Ipol (sanofi pasteur)
PCV13	Prevnar 13 (Pfizer)
PPSV23	Pneumovax 23 (Merck)
RV1	Rotarix (GSK)
RV5	RotaTeq (Merck)
Tdap	Adacel (sanofi pasteur); Boostrix (GSK)
Td	Decavac (sanofi pasteur); Generic Td (MA Biological Labs)

Vaccine Administration Record for Children and Teens

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Before administering any vaccines, give copies of all pertinent Vaccine Information Statements (VISs) to the child's parent or legal representative and make sure he/she understands the risks and benefits of the vaccine(s). Always provide or update the patient's personal record card.

Vaccine	Type of Vaccine ¹	Date given (mo/day/yr)	Funding Source (F,S,P) ²	Route & Site ³	Vaccine		Vaccine Information Statement (VIS)		Vaccinator ⁵ (signature or initials & title)
					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Measles, Mumps, Rubella⁶ (e.g., MMR, MMRV) Give SC. ³									
Varicella⁶ (e.g., VAR, MMRV) Give SC. ³									
Hepatitis A⁶ (HepA) Give IM. ³									
Meningococcal (e.g., MenACWY-CRM; MenACWY-D; Hib-MenCY; MPSV4) Give MenACWY and Hib-MenCY IM ³ and give MPSV4 SC. ³									
Human papillomavirus⁶ (e.g., HPV2, HPV4) Give IM. ³									
Influenza (e.g., IIV3, trivalent inactivated; IIV4, quadrivalent inactivated; RIV, recombinant inactivated [for ages 18–49 yrs]; LAIV4, quadrivalent live attenuated) Give IIV and RIV IM. ³ Give LAIV IN. ³									
Other									

See page 1 to record hepatitis B, diphtheria, tetanus, pertussis, *Haemophilus influenzae* type b, polio, pneumococcal, and rotavirus vaccines.

How to Complete This Record

- Record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine (see table at right).
- Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
- Record the route by which the vaccine was given as either intramuscular (IM), subcutaneous (SC), intradermal (ID), intranasal (IN), or oral (PO) and also the site where it was administered as either RA (right arm), LA (left arm), RT (right thigh), or LT (left thigh).
- Record the publication date of each VIS as well as the date the VIS is given to the patient.
- To meet the space constraints of this form and federal requirements for documentation, a healthcare setting may want to keep a reference list of vaccinators that includes their initials and titles.
- For combination vaccines, fill in a row for each antigen in the combination.

Abbreviation	Trade Name and Manufacturer
MMR	MMRII (Merck)
VAR	Varivax (Merck)
MMRV	ProQuad (Merck)
HepA	Havrix (GlaxoSmithKline [GSK]); Vaqta (Merck)
HepA-HepB	Twinrix (GSK)
HPV2	Cervarix (GSK)
HPV4	Gardasil (Merck)
LAIV (Live attenuated influenza vaccine)	FluMist (MedImmune)
TIV (Trivalent inactivated influenza vaccine); RIV (Recombinant influenza vaccine)	Afluria (CSL Biotherapies); Agriflu (Novartis); Fluorix (GSK); Flublok (Protein Sciences Corp.); Flucelvax (Novartis); FluLaval (GSK); Fluvirin (Novartis); Fluzone, Fluzone Intradermal [for ages 18–64 yrs] (sanofi)
MCV4 or MenACWY, MenACWY-CRM, MenACWY-D, Hib-MenCY	MenACWY-D = Menactra (sanofi pasteur); MenACWY-CRM = Menveo (Novartis); Hib-MenCY (MenHibrix [GSK])
MPSV4	Menomune (sanofi pasteur)

Vaccine Administration Record for Children and Teens

Patient name: Ashley Stebbins

Birthdate: 6/1/2007 Chart number: _____

Clinic name and address
 Large Urban Clinic
 1234 Any Avenue
 Bigville, LM 98765

Before administering any vaccines, give copies of all pertinent Vaccine Information Statements (VISs) to the child's parent or legal representative and make sure he/she understands the risks and benefits of the vaccine(s). Always provide or update the patient's personal record card.

Vaccine	Type of Vaccine ¹	Date given (mo/day/yr)	Funding Source (F,S,P) ²	Route & Site ³	Vaccine		Vaccine Information Statement (VIS)		Vaccinator ⁵ (signature or initials & title)
					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Hepatitis B⁶ (e.g., HepB, Hib-HepB, DTaP-HepB-IPV) Give IM. ³	HepB	6/2/2007	F	IM/RT	0651M	MRK	7/11/01	6/2/07	JTA
	Pediarix	8/2/2007	F	IM/RT	635A1	GSK	7/18/07	8/2/07	DCP
	Pediarix	10/2/2007	F	IM/RT	712A2	GSK	7/18/07	10/2/07	DCP
	Pediarix	12/2/2007	F	IM/RT	712A2	GSK	7/18/07	12/2/07	DLW
Diphtheria, Tetanus, Pertussis⁶ (e.g., DTaP, DTaP/Hib, DTaP-HepB-IPV, DT, DTaP-IPV/Hib, Tdap, DTaP-IPV, Td) Give IM. ³	Pediarix	8/2/2007	F	IM/RT	635A1	GSK	5/17/07	8/2/07	DCP
	Pediarix	10/2/2007	F	IM/RT	712A2	GSK	5/17/07	10/2/07	DCP
	Pediarix	12/2/2007	F	IM/RT	712A2	GSK	5/17/07	12/2/07	DLW
	DTaP-Hib	9/2/2008	F	IM/RA	80897AA	PMC	5/17/07	9/2/08	RLV
	DTaP	8/2/2012	F	IM/RA	376-912	PMC	5/17/07	8/2/12	JTA
<div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; border-radius: 15px; padding: 5px; background-color: #e0e0e0;">DTaP-HepB-IPV (Pediarix)</div> <div style="border: 1px solid black; border-radius: 15px; padding: 5px; background-color: #e0e0e0;">DTaP-Hib (TriHIBit): 2 lot #s, 2 different VISs</div> <div style="border: 1px solid black; border-radius: 15px; padding: 5px; background-color: #e0e0e0;">DTaP-Hib (TriHIBit): 2 lot #s, 2 different VISs</div> </div>									
Haemophilus influenzae type b⁶ (e.g., Hib, Hib-HepB, DTaP-IPV/Hib, DTaP/Hib, Hib-MenCY) Give IM. ³	Hib	8/2/2007	F	IM/RT	635A1	GSK	5/17/07	8/2/07	DCP
	Hib	10/2/2007	F	IM/RT	712A2	GSK	5/17/07	10/2/07	DCP
	Hib	12/2/2007	F	IM/RT	712A2	GSK	5/17/07	12/2/07	DLW
	DTaP-Hib	9/2/2008	F	IM/RA	7172AA	PMC	12/16/98	9/2/08	RLV
Polio⁶ (e.g., IPV, DTaP-HepB-IPV, DTaP-IPV) Give IPV SC or IM. ³ Give all others IM. ³	Pediarix	8/2/2007	F	IM/RT	635A1	GSK	1/1/00	8/2/07	DCP
	Pediarix	10/2/2007	F	IM/RT	712A2	GSK	1/1/00	10/2/07	DCP
	Pediarix	12/2/2007	F	IM/RT	712A2	GSK	1/1/00	12/2/07	DLW
	IPV	8/2/2012	F	IM/RA	U4569-8	PMC	1/1/00	8/2/12	DCP
Pneumococcal (e.g., PCV7, PCV13, conjugate; PPSV23, polysaccharide) Give PCV IM. ³ Give PPSV SC or IM. ³	PCV13	8/2/2007	F	IM/LT	7-5095-05A	WYE	9/30/02	8/2/07	DCP
	PCV13	10/2/2007	F	IM/LT	7-5095-05A	WYE	9/30/02	10/2/07	DCP
	PCV13	12/2/2007	F	IM/LT	7-5095-05A	WYE	9/30/02	12/2/07	DLW
	PCV13	9/2/2008	F	IM/LT	7-5095-05A	WYE	9/30/02	9/2/08	RLV
Rotavirus (RV1, RV5) Give orally (po). ³	Rotateq	8/2/2007	F	PO	04859	MRK	4/12/06	8/2/07	DCP
	RV5	10/2/2007	F	PO	04859	MRK	4/12/06	10/2/07	DCP
	Rotateq	12/2/2007	F	PO	04859	MRK	4/12/06	12/2/07	DLW

See page 2 to record measles-mumps-rubella, varicella, hepatitis A, meningococcal, HPV, influenza, and other vaccines (e.g., travel vaccines).

How to Complete This Record

- Record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine (see table at right).
- Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
- Record the route by which the vaccine was given as either intramuscular (IM), subcutaneous (SC), intradermal (ID), intranasal (IN), or oral (PO) and also the site where it was administered as either RA (right arm), LA (left arm), RT (right thigh), or LT (left thigh).
- Record the publication date of each VIS as well as the date the VIS is given to the patient.
- To meet the space constraints of this form and federal requirements for documentation, a healthcare setting may want to keep a reference list of vaccinators that includes their initials and titles.
- For combination vaccines, fill in a row for each antigen in the combination.

Abbreviation	Trade Name and Manufacturer
DTaP	Daptacel (sanofi); Infanrix (GlaxoSmithKline [GSK]); Tripedia (sanofi pasteur)
DT (pediatric)	Generic DT (sanofi pasteur)
DTaP-HepB-IPV	Pediarix (GSK)
DTaP/Hib	TriHIBit (sanofi pasteur)
DTaP-IPV/Hib	Pentacel (sanofi pasteur)
DTaP-IPV	Kinrix (GSK)
HepB	Engerix-B (GSK); Recombivax HB (Merck)
HepA-HepB	Twinrix (GSK), can be given to teens age 18 and older
Hib	ActHIB (sanofi pasteur); Hiberix (GSK); PedvaxHIB (Merck)
Hib-HepB	Comvax (Merck)
Hib-MenCY	MenHibrix (GSK)
IPV	Ipol (sanofi pasteur)
PCV13	Prenvar 13 (Pfizer)
PPSV23	Pneumovax 23 (Merck)
RV1	Rotarix (GSK)
RV5	Rotateq (Merck)
Tdap	Adacel (sanofi pasteur); Boostrix (GSK)
Td	Decavac (sanofi pasteur); Generic Td (MA Biological Labs)

Technical content reviewed by the Centers for Disease Control and Prevention

For additional copies, visit www.immunize.org/catg.d/p2022.pdf • Item #P2022 (4/14)

Vaccine Administration Record for Children and Teens

Patient name: Ashley StebbinsBirthdate: 6/1/2007

Chart number: _____

Clinic name and address

Large Urban Clinic
1234 Any Avenue
Bigville, LM 98765

Before administering any vaccines, give copies of all pertinent Vaccine Information Statements (VISs) to the child's parent or legal representative and make sure he/she understands the risks and benefits of the vaccine(s). Always provide or update the patient's personal record card.

Vaccine	Type of Vaccine ¹	Date given (mo/day/yr)	Funding Source (F,S,P) ²	Route & Site ³	Vaccine		Vaccine Information Statement (VIS)		Vaccinator ⁵ (signature or initials & title)
					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Measles, Mumps, Rubella ⁶ (e.g., MMR, MMRV) Give SC. ³	MMRV	6/2/2008	F	SC/RA	0857M	MRK	1/15/03	6/2/08	DLW
	MMRV	8/2/2012	F	SC/LA	0522F	MRK	5/21/10	8/2/12	DCP
Varicella ⁶ (e.g., VAR, MMRV) Give SC. ³	MMRV	6/2/2008	F	SC/RA	0857M	MRK	3/13/08	6/2/08	DLW
	MMRV	8/2/2012	F	SC/LA	0522F	MRK	5/21/10	8/2/12	DCP
Hepatitis A ⁶ (HepA) Give IM. ³	Havrix	6/2/2008	F	IM/LA	AHAVB944	GSK	3/21/06	6/2/08	DLW
	Vaqta	12/2/2008	F	IM/LA	0634K	MRK	3/21/06	12/2/08	TAA
Meningococcal (e.g., MenACWY-CRM; MenACWY-D; Hib-MenCY; MPSV4) Give MenACWY and Hib-MenCY IM ³ and give MPSV4 SC. ³									
Human papillomavirus ⁶ (e.g., HPV2, HPV4) Give IM. ³									
Influenza (e.g., IIV3, trivalent inactivated; IIV4, quadrivalent inactivated; RIV, recombinant inactivated [for ages 18–49 yrs]; LAIV4, quadrivalent live attenuated) Give IIV and RIV IM. ³ Give LAIV IN. ³	TIV	12/2/2007	F	IM/RT	U097543	PMC	7/16/07	12/2/07	DLW
	Fluzone	9/2/2008	F	IM/LA	U2169MA	PMC	7/24/08	9/2/08	RLV
	TIV-H1N1	11/15/2009	F	IM/RA	UPO16AA	PMC	10/2/09	11/15/09	JRM
	LAIV-H1N1	12/29/2009	F	IN	500756P	MED	10/2/09	12/29/09	CJP
	Fluarix	11/12/2010	F	IM/RA	J5G53	GSK	8/10/10	11/12/10	TAA
	Fluvirin	9/2/2011	F	IM/LA	878771P	NOV	7/26/11	9/5/11	DCP
	FluMist	9/25/2012	F	IN	500491P	MED	7/2/12	10/15/12	RLV
Other	Afluria	9/25/2013	F	IM/RA	M50907	CSL	7/26/13	9/25/13	CJP

MMR-VAR (MMRV)

See page 1 to record hepatitis B, diphtheria, tetanus, pertussis, *Haemophilus influenzae* type b, polio, pneumococcal, and rotavirus vaccines.

How to Complete This Record

- Record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine (see table at right).
- Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
- Record the route by which the vaccine was given as either intramuscular (IM), subcutaneous (SC), intradermal (ID), intranasal (IN), or oral (PO) and also the site where it was administered as either RA (right arm), LA (left arm), RT (right thigh), or LT (left thigh).
- Record the publication date of each VIS as well as the date the VIS is given to the patient.
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- For combination vaccines, fill in a row for each antigen in the combination.

Abbreviation	Trade Name and Manufacturer
MMR	MMRII (Merck)
VAR	Varivax (Merck)
MMRV	ProQuad (Merck)
HepA	Havrix (GlaxoSmithKline [GSK]); Vaqta (Merck)
HepA-HepB	Twinrix (GSK)
HPV2	Cervarix (GSK)
HPV4	Gardasil (Merck)
LAIV (Live attenuated influenza vaccine)	FluMist (MedImmune)
TIV (Trivalent inactivated influenza vaccine); RIV (Recombinant influenza vaccine)	Afluria (CSL Biotherapies); Agriflu (Novartis); Fluarix (GSK); Flublok (Protein Sciences Corp.); Flucelvax (Novartis); FluLaval (GSK); Fluvirin (Novartis); Fluzone, Fluzone Intradermal [for ages 18–64 yrs] (sanofi)
MCV4 or MenACWY, MenACWY-CRM, MenACWY-D, Hib-MenCY	MenACWY-D = Menactra (sanofi pasteur); MenACWY-CRM = Menveo (Novartis); Hib-MenCY (MenHibrix [GSK])
MPSV4	Menomune (sanofi pasteur)

Vaccine Administration Record for Children and Teens

Patient name: Jennifer Ernst

Birthdate: Oct. 15, 1998 Chart number: _____

Clinic name and address
Olson Memorial Clinic
5678 Busy Avenue
Anyville, XY 34567

Before administering any vaccines, give copies of all pertinent Vaccine Information Statements (VISs) to the child's parent or legal representative and make sure he/she understands the risks and benefits of the vaccine(s). Always provide or update the patient's personal record card.

Vaccine	Type of Vaccine ¹	Date given (mo/day/yr)	Funding Source (F,S,P) ²	Route & Site ³	Vaccine		Vaccine Information Statement (VIS)		Vaccinator ⁵ (signature or initials & title)
					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Hepatitis B ⁶ (e.g., HepB, Hib-HepB, DTaP-HepB-IPV) Give IM. ³	HepB (1.0 mL)	8/2/2009	P	IM/RA	0651M	MRK	7/18/07	8/2/09	TAA
	HepB (1.0 mL)	1/2/2010	P	IM/RA	0651M	MRK	7/18/07	1/2/10	TAA
	2-dose series of adult Recombivax given to adolescent 12-15 yrs								
Diphtheria, Tetanus, Pertussis ⁶ (e.g., DTaP, DTaP/Hib, DTaP-HepB-IPV, DT, DTaP-IPV/Hib, Tdap, DTaP-IPV, Td) Give IM. ³	Infanrix	12/15/1998	P	IM/RT	501A2	SKB	8/15/97	12/15/98	DCP
	Infanrix	2/15/1999	P	IM/RT	501A2	SKB	8/15/07	2/15/99	DCP
	Infanrix	4/15/1999	P	IM/RT	501A2	SKB	8/15/07	4/15/99	DLW
	Infanrix	4/15/2000	P	IM/RA	501A2	SKB	8/15/07	4/15/00	RLV
	ACEL-IMUNE	4/15/2003	P	IM/RA	318908	PMC	7/30/01	4/15/03	JTA
	Td (Decavac)	10/15/2010	P	IM/RA	U1943AA	PMC	11/18/08	10/15/10	PWS
	Tdap (Boostrix)	6/12/2012	P	IM/RA	ACSB023A	GSK	11/18/08	6/12/12	DLW
Haemophilus influenzae type b ⁶ (e.g., Hib, Hib-HepB, DTaP-IPV/Hib, DTaP/Hib, Hib-MenCY) Give IM. ³	Hib	12/15/1998	P	IM/LT	1492L	MRK	5/1/96	12/15/98	DCP
	Hib	2/15/1999	P	IM/LT	1492L	MRK	12/16/98	2/15/99	DCP
	Hib	10/15/2001	P	IM/LT	1492L	MRK	12/16/98	10/15/01	DLW
Polio ⁶ (e.g., IPV, DTaP-HepB-DTaP-IPV/Hib, DTaP-IPV) Give IPV SC or IM. ³ Give all others IM. ³	IPV	12/15/1999	P	SC/LT	U4569-8	PMC	2/6/97	12/15/98	DCP
	IPV	2/15/1999	P	SC/LT	U4569-8	PMC	2/1/99	2/15/99	DCP
	IPV	4/15/1999	P	SC/LT	U4569-8	PMC	2/1/99	4/15/99	DLW
	IPV	4/15/2003	P	SC/LA	U45699-8	PMC	2/1/99	4/15/00	JTA
Pneumococcal (e.g., PCV7, PCV13, conjugate; PPSV23, polysaccharide) Give PCV IM. ³ Give PPSV SC or IM. ³									
Rotavirus (RV1, RV5) Give orally (po). ³									

See page 2 to record measles-mumps-rubella, varicella, hepatitis A, meningococcal, HPV, influenza, and other vaccines (e.g., travel vaccines).

How to Complete This Record

- Record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine (see table at right).
- Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
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- For combination vaccines, fill in a row for each antigen in the combination.

Abbreviation	Trade Name and Manufacturer
DTaP	Daptacel (sanofi); Infanrix (GlaxoSmithKline [GSK]); Tripedia (sanofi pasteur)
DT (pediatric)	Generic DT (sanofi pasteur)
DTaP-HepB-IPV	Pediarix (GSK)
DTaP/Hib	TriHIBit (sanofi pasteur)
DTaP-IPV/Hib	Pentacel (sanofi pasteur)
DTaP-IPV	Kinrix (GSK)
HepB	Engerix-B (GSK); Recombivax HB (Merck)
HepA-HepB	Twinrix (GSK), can be given to teens age 18 and older
Hib	ActHIB (sanofi pasteur); Hiberix (GSK); PedvaxHIB (Merck)
Hib-HepB	Comvax (Merck)
Hib-MenCY	MenHibrix (GSK)
IPV	Ipol (sanofi pasteur)
PCV13	Prenvar 13 (Pfizer)
PPSV23	Pneumovax 23 (Merck)
RV1	Rotarix (GSK)
RV5	RotaTeq (Merck)
Tdap	Adacel (sanofi pasteur); Boostrix (GSK)
Td	Decavac (sanofi pasteur); Generic Td (MA Biological Labs)

Vaccine Administration Record for Children and Teens

Patient name: Jennifer ErnstBirthdate: Oct. 15, 1998

Chart number: _____

Clinic name and address

Olson Memorial Clinic
5678 Busy Avenue
Anyville, XY 34567

Before administering any vaccines, give copies of all pertinent Vaccine Information Statements (VISs) to the child's parent or legal representative and make sure he/she understands the risks and benefits of the vaccine(s). Always provide or update the patient's personal record card.

Vaccine	Type of Vaccine ¹	Date given (mo/day/yr)	Funding Source (F,S,P) ²	Route & Site ³	Vaccine		Vaccine Information Statement (VIS)		Vaccinator ⁵ (signature or initials & title)
					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Measles, Mumps, Rubella ⁶ (e.g., MMR, MMRV) Give SC. ³	MMR	1/15/2000	P	SC/RA	0857M	MRK	12/16/98	1/15/00	DLW
	MMR	4/15/2003	P	SC/RA	0946M	MRK	1/15/03	4/15/03	JTA
Varicella ⁶ (e.g., VAR, MMRV) Give SC. ³	VAR	1/15/2000	P	SC/LA	0799M	MRK	12/16/98	1/15/00	DLW
	VAR	4/15/2003	P	SC/LA	0689F	MRK	12/16/98	4/15/03	JTA
Hepatitis A ⁶ (HepA) Give IM. ³									
Meningococcal (e.g., MenACWY-CRM; MenACWY-D; Hib-MenCY; MPSV4) Give MenACWY and Hib-MenCY IM ³ and give MPSV4 SC. ³	MCV4	10/15/2013	P	IM/RA	28011	NOV	10/14/11	10/15/13	MAT
Human papillomavirus ⁶ (e.g., HPV2, HPV4) Give IM. ³	HPV4	12/12/2010	P	IM/LA	0637F	MRK	3/30/10	12/12/10	TAA
	HPV2	2/13/2011	P	IM/LA	0331Z	GSK	3/30/10	2/13/11	PWS
	Gardasil	6/18/2011	P	IM/LA	0637F	MRK	5/3/11	6/18/11	DLW
Influenza (e.g., IIV3, trivalent inactivated; IIV4, quadrivalent inactivated; RIV, recombinant inactivated [for ages 18–49 yrs]; LAIV4, quadrivalent live attenuated) Give IIV and RIV IM. ³ Give LAIV IN. ³	FluMist	10/15/2008	P	IN	500491P	MED	7/24/08	10/15/08	MAT
	TIV	10/12/2009	P	IM/RA	878771P	NOV	10/2/09	10/12/09	JTA
	H1N1	12/7/2009	P	IM/LA	1009224P	NOV	10/2/09	12/7/09	MAT
	Fluvirin	11/12/2010	P	IM/RA	87878P	NOV	8/10/10	11/12/10	CJP
	Fluzone	12/1/2011	P	IM/LA	U100461	PMC	7/26/11	12/1/11	JRM
	Fluarix	10/15/2012	P	IM/RA	J5G53	GSK	7/2/12	10/15/12	JTA
	Afluria	9/25/2013	P	IM/LA	M50907	CSL	7/26/13	9/25/13	TAA
Other									

See page 1 to record hepatitis B, diphtheria, tetanus, pertussis, *Haemophilus influenzae* type b, polio, pneumococcal, and rotavirus vaccines.

How to Complete This Record

- Record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine (see table at right).
- Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
- Record the route by which the vaccine was given as either intramuscular (IM), subcutaneous (SC), intradermal (ID), intranasal (IN), or oral (PO) and also the site where it was administered as either RA (right arm), LA (left arm), RT (right thigh), or LT (left thigh).
- Record the publication date of each VIS as well as the date the VIS is given to the patient.
- To meet the space constraints of this form and federal requirements for documentation, a healthcare setting may want to keep a reference list of vaccinators that includes their initials and titles.
- For combination vaccines, fill in a row for each antigen in the combination.

Abbreviation	Trade Name and Manufacturer
MMR	MMRII (Merck)
VAR	Varivax (Merck)
MMRV	ProQuad (Merck)
HepA	Havrix (GlaxoSmithKline [GSK]); Vaqta (Merck)
HepA-HepB	Twinrix (GSK)
HPV2	Cervarix (GSK)
HPV4	Gardasil (Merck)
LAIV (Live attenuated influenza vaccine)	FluMist (MedImmune)
TIV (Trivalent inactivated influenza vaccine); RIV (Recombinant influenza vaccine)	Afluria (CSL Biotherapies); Agriflu (Novartis); Fluarix (GSK); Flublok (Protein Sciences Corp.); Flucelvac (Novartis); FluLaval (GSK); Fluvirin (Novartis); Fluzone, Fluzone Intradermal [for ages 18–64 yrs] (sanofi)
MCV4 or MenACWY, MenACWY-CRM, MenACWY-D; Hib-MenCY	MenACWY-D = Menactra (sanofi pasteur); MenACWY-CRM = Menveo (Novartis); Hib-MenCY (MenHibrix [GSK])
MPSV4	Menomune (sanofi pasteur)