

Vaccine Administration Record for Adults

Patient name: _____

Birthdate: _____ Chart number: _____

Clinic name and address

Before administering any vaccines, give the patient copies of all pertinent Vaccine Information Statements (VISs) 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 ³ & Site ³	Vaccine		Vaccine Information Statement (VIS)		Vaccinator ⁵ (signature or initials & title)
					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Tetanus, Diphtheria, Pertussis (e.g., Td, Tdap) Give IM. ³									
Hepatitis A⁶ (e.g., HepA, HepA-HepB) Give IM. ³									
Hepatitis B⁶ (e.g., HepB, HepA-HepB) Give IM. ³									
Human papillomavirus (HPV2, HPV4) Give IM. ³									
Measles, Mumps, Rubella (MMR) Give SC. ³									
Varicella (VAR) Give SC. ³									
Pneumococcal (e.g., PCV13, conjugate; PPSV23, polysaccharide) Give PCV13 IM. ³ Give PPSV23 IM or SC. ³									
Meningococcal (e.g., MenACWY, conjugate; MPSV4, polysaccharide) Give MenACWY IM. ³ Give MPSV4 SC. ³									

See page 2 to record influenza, Hib, zoster, 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
Tdap	Adacel (sanofi pasteur); Boostrix (GlaxoSmithKline [GSK])
Td	Decavac (sanofi pasteur); generic Td (MA Biological Labs)
HepA	Havrix (GSK); Vaqta (Merck)
HepB	Engerix-B (GSK); Recombivax HB (Merck)
HepA-HepB	Twinrix (GSK)
HPV2	Cervarix (GSK)
HPV4	Gardasil (Merck)
MMR	MMRII (Merck)
VAR	Varivax (Merck)
PCV13, PPSV23	Prenar 13 (Pfizer); Pneumovax 23 (Merck)
MenACWY	Menactra (sanofi pasteur); Menveo (Novartis)
MPSV4	Menomune (sanofi pasteur)

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					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Influenza (e.g., IIV3, trivalent inactivated; IIV4, quadrivalent inactivated; RIV, recombinant inactivated; LAIV4, quadrivalent live attenuated) Give IIV and RIV IM. ³ Give LAIV IN. ³									
Hib Give IM. ³									
Zoster (Zos) Give SC. ³									
Other									

See page 1 to record Tdap/Td, hepatitis A, hepatitis B, HPV, MMR, varicella, pneumococcal, and meningococcal vaccines.

How to Complete This Record

- Record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine (see table at right).
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Abbreviation	Trade Name and Manufacturer
LAIV (Live attenuated influenza vaccine)	FluMist (MedImmune)
IIV (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, Fluzone High-Dose (sanofi pasteur)
Hib	ActHIB (sanofi pasteur); Hiberix (GSK); PedvaxHib (Merck)
ZOS (shingles)	Zostavax (Merck)

Vaccine Administration Record for Adults

Patient name: Mohammed SharikBirthdate: 4/14/1981

Chart number: _____

Clinic name and address	Small Town Clinic 1st and Main Streets Anywhere, AB 12345
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Before administering any vaccines, give the patient copies of all pertinent Vaccine Information Statements (VISs) 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 ³ & Site ³	Vaccine		Vaccine Information Statement (VIS)		Vaccinator ⁵ (signature or initials & title)
					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Tetanus, Diphtheria, Pertussis (e.g., Td, Tdap) Give IM. ³	Td	8/1/2002	P	IM/LA	U0376AA	AVP	6/10/94	8/1/02	JTA
	Td	9/1/2002	P	IM/LA	U0376AA	AVP	6/10/04	9/1/02	PWS
	Td	3/1/2003	P	IM/LA	U0376AA	AVP	6/10/94	3/1/03	TAA
	Tdap	6/14/2010	P	IM/LA	AC52B030AA	GSK	6/14/10	6/14/10	JTA
Hepatitis A⁶ (e.g., HepA, HepA-HepB) Give IM. ³	HepA-HepB	8/1/2002	P	IM/RA	HAB239A4	GSK	8/25/98	8/1/02	JTA
	HepA-HepB	9/1/2002	P	IM/RA	HAB239A4	GSK	8/25/98	9/1/02	PWS
	HepA-HepB	3/1/2003	P	IM/RA	HAB239A4	GSK	8/25/98	3/1/03	TAA
Hepatitis B⁶ (e.g., HepB, HepA-HepB) Give IM. ³	HepA-HepB	8/1/2002	P	IM/RA	HAB239A4	GSK	7/11/01	8/1/02	JTA
	HepA-HepB	9/1/2002	P	IM/RA	HAB239A4	GSK	7/11/01	9/1/02	PWS
	HepA-HepB	3/1/2003	P	IM/RA	HAB239A4	GSK	7/11/01	3/1/03	TAA
Human papillomavirus (HPV2, HPV4) Give IM. ³									
Measles, Mumps, Rubella (MMR) Give SC. ³	MMR	8/1/2002	P	SC/RA	0025L	MRK	6/13/02	8/1/02	JTA
	MMR	11/1/2002	P	SC/RA	0025L	MRK	6/13/02	11/1/02	TAA
Varicella (VAR) Give SC. ³	VAR	8/1/2002	P	SC/LA	0799M	MRK	12/16/98	8/1/02	JTA
	VAR	11/1/2002	P	SC/LA	0689M	MRK	12/16/98	11/1/02	TAA
Pneumococcal (e.g., PCV13, conjugate; PPSV23, polysaccharide) Give PCV13 IM. ³ Give PPSV23 IM or SC. ³									
Meningococcal (e.g., MenACWY, conjugate; MPSV4, polysaccharide) Give MenACWY IM. ³ Give MPSV4 SC. ³	Menveo	7/12/2010	P	IM/RA	28011	NOV	1/2/8/08	7/12/10	JTA

See page 2 to record influenza, Hib, zoster, and other vaccines (e.g., travel vaccines).

How to Complete This Record

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- Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
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HPV2	Cervarix (GSK)
HPV4	Gardasil (Merck)
MMR	MMRII (Merck)
VAR	Varivax (Merck)
PCV13, PPSV23	Prenvar 13 (Pfizer); Pneumovax 23 (Merck)
MenACWY	Menactra (sanofi pasteur); Menveo (Novartis)
MPSV4	Menomune (sanofi pasteur)

Patient name: Mohammed SharikBirthdate: 4/14/1981

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Clinic name and address Small Town Clinic
1st and Main Streets
Anywhere, AB 12345

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					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Influenza (e.g., IIV3, trivalent inactivated; IIV4, quadrivalent inactivated; RIV, recombinant inactivated; LAIV4, quadrivalent live attenuated) Give IIV and RIV IM. ³ Give LAIV IN. ³	TIV	11/1/2002	P	IM/RA	U088211	AVP	6/26/02	11/1/02	PWS
	TIV	10/10/2003	P	IM/LA	U091145	AVP	5/6/03	10/10/03	DLW
	Fluzone	10/8/2004	P	IM/RA	U100461	AVP	5/24/04	10/8/04	TAA
	TIV	12/12/2005	P	IM/LA	U2169MA	SPI	7/18/05	12/12/05	JTA
	Fluvirin	10/9/2006	P	IM/LA	878771P	NOV	6/30/06	10/9/06	KKC
	FluMist	11/15/07	P	IN	500337P	MED	7/6/07	11/15/07	DCP
	Afluria	10/12/2008	P	IM/RA	06949111A	CSL	7/24/08	10/12/08	JTA
	Flulaval	10/12/2009	P	IM/LA	2F600411	GSK	8/11/09	10/2/09	DCP
	H1N1	12/7/2009	P	IM/RA	1009224P	NOV	10/2/09	12/7/09	DLW
	Fluarix	9/9/2010	P	IM/LA	J5G53	GSK	8/10/10	9/9/10	JRM
	Fluzone ID	10/10/2011	P	ID/LA	UT4720BA	PMC	7/26/11	10/10/11	CJP
	TIV	9/5/2012	P	IM/RA	M50907	CSL	7/2/12	9/5/12	DLW
	RIV	12/12/2013	P	IM/RA	350603F	PSC	7/26/13	12/12/13	JRM
Hib Give IM. ³									
Zoster (Zos) Give SC. ³									
Other	Oral typhoid	7/12/12x4	P	PO	TXE355	BER	5/29/12	7/12/12	MAT

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Hib	ActHIB (sanofi pasteur); Hiberix (GSK); PedvaxHib (Merck)
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