

# Vaccine Administration Record

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

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

Parent/Guardian Signature: \_\_\_\_\_

(Optional)

Provider/Clinic Name & Address:

VACCINE* (Please Circle Appropriate Vaccine)	Date Administered	Vaccine Manufacturer	Vaccine Lot Number	Name and Title of Vaccine Administrator	Date Vaccine Information Statements Given	Publication Date of Vaccine Information Statements
DTaP 1 or DT 1						8/24/18
DTaP 2 or DT 2						8/24/18
DTaP 3 or DT 3						8/24/18
DTaP 4 or DT 4						8/24/18
DTaP 5 or DT 5						8/24/18
IPV 1						07/20/16
IPV 2						07/20/16
IPV 3						07/20/16
IPV 4						07/20/16
Hib 1						04/02/15
Hib 2						04/02/15
Hib 3						04/02/15
Hib 4						04/02/15
PCV 1						11/05/15
PCV 2						11/05/15
PCV 3						11/05/15
PCV 4						11/05/15
PCV 5						11/05/15
MMR 1						2/12/18
MMR 2						2/12/18
Varicella 1						2/12/18
Varicella 2						2/12/18
History of Varicella Disease Date (month/year):						
Hepatitis B 1						10/12/18
Hepatitis B 2						10/12/18
Hepatitis B 3						10/12/18
Influenza 1						Annual
Influenza 2						Annual
Influenza 3						Annual
Tdap						02/24/15
Td						04/11/17
MCV4						8/24/18
MCV4						8/24/18
Hepatitis A 1						07/20/16
Hepatitis A 2						07/20/16
Rotavirus 1						2/23/18
Rotavirus 2						2/23/18
Rotavirus 3						2/23/18

\* - When combination vaccines are given, enter the vaccine information in each separate vaccine row.

<b>VACCINE*</b> <b>(Please Circle</b> <b>Appropriate Vaccine)</b>	<b>Date</b> <b>Administered</b>	<b>Vaccine</b> <b>Manufacturer</b>	<b>Vaccine Lot</b> <b>Number</b>	<b>Name and Title of</b> <b>Vaccine Administrator</b>	<b>Date VIS</b> <b>Given</b>	<b>Publication</b> <b>Date of VIS</b>
<b>Meningococcal B 1</b>						<b>08/09/16</b>
<b>Meningococcal B 2</b>						<b>08/09/16</b>
<b>Meningococcal B 3</b>						<b>08/09/16</b>
<b>HPV9 1</b>						<b>12/02/16</b>
<b>HPV9 2</b>						<b>12/02/16</b>
<b>HPV9 3</b>						<b>12/02/16</b>

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