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						08/06/21
DTaP 2 or DT 2						08/06/21
DTaP 3 or DT 3						08/06/21
DTaP 4 or DT 4						08/06/21
DTaP 5 or DT 5						08/06/21
IPV 1						08/06/21
IPV 2						08/06/21
IPV 3						08/06/21
IPV 4						08/06/21
Hib 1						08/06/21
Hib 2						08/06/21
Hib 3						08/06/21
Hib 4						08/06/21
PCV 1						05/12/23
PCV 2						05/12/23
PCV 3						05/12/23
PCV 4						05/12/23
PCV 5						05/12/23
MMR 1						08/06/21
MMR 2						08/06/21
Varicella 1						08/06/21
Varicella 2						08/06/21
History of Varicella Disease Date (month/year):						
Hepatitis B 1						05/12/23
Hepatitis B 2						05/12/23
Hepatitis B 3						05/12/23
Hepatitis B 4						05/12/23
Hepatitis B 5						05/12/23
Influenza 1						Annual
Influenza 2						Annual
Influenza 3						Annual
Tdap						08/06/21
Td						08/06/21
MCV4						08/06/21
MCV4						08/06/21
Hepatitis A 1						10/15/21
Hepatitis A 2						10/15/21

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

Please Note: Vaccine Information Statements dates are subject to change, please check the CDC website for the most current VIS.

VACCINE* (Please Circle Appropriate Vaccine)	Date Administered	Vaccine Manufacturer	Vaccine Lot Number	Name and Title of Vaccine Administrator	Date VIS Given	Publication Date of VIS
Rotavirus 1						**10/15/21**
Rotavirus 2						**10/15/21**
Rotavirus 3						**10/15/21**
Meningococcal B 1						**08/06/21**
Meningococcal B 2						**08/06/21**
Meningococcal B 3						**08/06/21**
HPV9 1						**08/06/21**
HPV9 2						**08/06/21**
HPV9 3						**08/06/21**
COVID-19						**10/19/23**
COVID-19						**10/19/23**
COVID-19						**10/19/23**
COVID-19						**10/19/23**
COVID-19						**10/19/23**
COVID-19						**10/19/23**
COVID-19						**10/19/23**
COVID-19						**10/19/23**
RSV						**10/19/23**
RSV						**10/19/23**
RSV						**10/19/23**
RSV						**10/19/23**

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