Vaccine Administration Record for Children and Teens

Patient name: _____

Birthdate: _____

Chart number: _____

Before administering any vaccines, give the parent/guardian all appropriate copies of Vaccine Information Statements (VISs) and make sure they understand the risks and benefits of the vaccine(s). Update the patient's personal record card or provide a new one whenever you administer vaccine.

Vaccine	Type of Vaccine* (generic abbreviation)	Date given (mo/day/yr)	Route	Site given (RA, LA, RT, LT)	Vaccine		Vaccine Information Statement		Signature/ initials of vaccinator
					lot #	mfr.	Date on VIS§	Date given§	
Hepatitis B† (e.g., HepB, Hib-HepB, DTaP-HepB-IPV)			IM						
			IM						
			IM						
			IM						
Diphtheria, Tetanus, Pertussis† (e.g, DTaP, DT, DTaP-Hib, DTaP-HepB-IPV, Td)			IM						
			IM						
			IM						
			IM						
			IM						
			IM						
			IM						
***Haemophilus influenzae* type b**† (e.g., Hib, Hib-HepB, DTaP-Hib)			IM						
			IM						
			IM						
			IM						
Polio† (e.g, IPV, DTaP-HepB-IPV)			IM•SC						
			IM•SC						
			IM•SC						
			IM•SC						
Pneumococcal conjugate (PCV)			IM						
			IM						
			IM						
			IM						
Measles, Mumps, Rubella (MMR)			SC						
			SC						
Varicella (Var)			SC						
			SC						
Hepatitis A** (HepA)			IM						
			IM						
Influenza** (Flu)			IM						
			IM						
			IM						
			IM						
			IM						
Other**									
Other**									

*Record the generic abbreviation for the type of vaccine given (e.g., DTaP-Hib, PCV), *not* the trade name.

† For combination vaccines, fill in the row for each individual antigen composing the combination.

§ Record the publication date of each VIS as well as the date it is given to the patient. According to federal law, VISs must be given to patients (or parent/guardian of a minor child) before administering each dose of DTaP, Td, Hib, polio, MMR, varicella, PCV, or HepB vaccine, or combinations thereof.

** Influenza, pneumococcal polysaccharide (PPV23), hepatitis A, and/or meningococcal vaccines are recommended for certain high-risk children.

www.immunize.org/catg.d/p2022b.pdf • Item #P2022 (4/03)

Vaccine Administration Record for Children and Teens

Patient name: Victoria Johnson

Birthdate: December 2, 2002

Chart number: 1234567

Before administering any vaccines, give the parent/guardian all appropriate copies of Vaccine Information Statements (VISs) and make sure they understand the risks and benefits of the vaccine(s). Update the patient's personal record card or provide a new one whenever you administer vaccine.

Vaccine	Type of Vaccine* (generic abbreviation)	Date given (mo/day/yr)	Route	Site given (RA, LA, RT, LT)	Vaccine		Vaccine Information Statement		Signature/ initials of vaccinator
					lot #	mfr.	Date on VIS§	Date given§	
Hepatitis B† (e.g., HepB, Hib-HepB, DTaP-HepB-IPV)	HepB	12/02/02	IM	RT	0651M	MRK	7/11/01	12/02/02	JTA
	Hib-HepB	2/02/03	IM	RT	1051M	MRK	7/11/01	2/02/03	DCP
	Hib-HepB	4/02/03	IM	RT	1051M	MRK	7/11/01	4/02/03	DCP
	Hib-HepB	12/02/03	IM	RT	1051M	MRK	7/11/01	12/02/03	DLW
Diphtheria, Tetanus, Pertussis† (e.g, DTaP, DT, DTaP-Hib, DTaP-HepB-IPV, Td)	DTaP	2/02/03	IM	LT	647A2	GSK	7/30/01	2/02/03	DCP
	DTaP	4/02/03	IM	LT	647A2	GSK	7/30/01	4/02/03	DCP
	DTaP	6/02/03	IM	LT	647A2	GSK	7/30/01	6/02/03	DLW
	DTaP	3/02/04	IM	RA	647A2	GSK	7/30/01	3/02/04	RLV
			IM						
			IM						
			IM						
***Haemophilus influenzae* type b**† (e.g., Hib, Hib-HepB, DTaP-Hib)	Hib-HepB	2/02/03	IM	RT	1051M	MRK	12/16/98	2/02/03	DCP
	Hib-HepB	4/02/03	IM	RT	1051M	MRK	12/16/98	4/02/03	DCP
	Hib-HepB	12/02/03	IM	RT	1051M	MRK	12/16/98	12/02/03	DLW
			IM						
Polio† (e.g, IPV, DTaP-HepB-IPV)	IPV	2/02/03	IM•SC	LT	U0123-4	AVP	1/01/00	2/02/03	DCP
	IPV	4/02/03	IM•SC	LT	U0123-4	AVP	1/01/00	4/02/03	DCP
	IPV	3/02/04	IM•SC	LT	U0123-4	AVP	1/01/00	3/02/04	DLW
			IM•SC						
Pneumococcal conjugate (PCV)	PCV	2/02/03	IM	LT	489-835	WYE	9/30/02	2/02/03	DCP
	PCV	4/02/03	IM	RT	489-835	WYE	9/30/02	4/02/03	DCP
	PCV	6/02/03	IM	LT	489-835	WYE	9/30/02	6/02/03	DLW
	PCV	3/02/04	IM	LA	501-245	WYE	9/30/02	3/02/04	RLV
Measles, Mumps, Rubella (MMR)	MMR	12/02/03	SC	LA	0857M	MRK	1/15/03	12/02/03	DLW
			SC						
Varicella (Var)	Var	12/02/03	SC	LA	0799M	MRK	12/16/98	12/02/03	DLW
			SC						
Hepatitis A** (HepA)			IM						
Influenza** (Flu)									
			IM						
			IM						
Other**									
Other**									

Hib-HepB (Comvax)

1 shot, 2 different VIS dates

How to record Hib-HepB combination vaccine

Example #1

*Record the generic abbreviation for the type of vaccine given (e.g., DTaP-Hib, PCV), *not* the trade name.

†For combination vaccines, fill in the row for each individual antigen composing the combination.

§Record the publication date of each VIS as well as the date it is given to the patient. According to federal law, VISs must be given to patients (or parent/guardian of a minor child) before administering each dose of DTaP, Td, Hib, polio, MMR, varicella, PCV, or HepB vaccine, or combinations thereof.

**Influenza, pneumococcal polysaccharide (PPV23), hepatitis A, and/or meningococcal vaccines are recommended for certain high-risk children.

www.immunize.org/catg.d/p2022b.pdf • Item #P2022 (4/03)

Vaccine Administration Record for Children and Teens

Patient name: Sam Smith

Birthdate: December 2, 2002

Chart number: 2345678

Before administering any vaccines, give the parent/guardian all appropriate copies of Vaccine Information Statements (VISs) and make sure they understand the risks and benefits of the vaccine(s). Update the patient's personal record card or provide a new one whenever you administer vaccine.

Vaccine	Type of Vaccine* (generic abbreviation)	Date given (mo/day/yr)	Route	Site given (RA, LA, RT, LT)	Vaccine		Vaccine Information Statement		Signature/ initials of vaccinator
					lot #	mfr.	Date on VIS§	Date given§	
Hepatitis B† (e.g., HepB, Hib-HepB, DTaP-HepB-IPV)	HepB	12/02/02	IM	RT	0651M	MRK	7/11/01	12/02/02	JTA
	DTaP-HepB-IPV	2/02/03	IM	RT	635A2	GSK	7/11/01	2/02/03	DCP
	DTaP-HepB-IPV	4/02/03	IM	RT	712A2	GSK	7/11/01	4/02/03	DCP
	DTaP-HepB-IPV	06/02/03	IM	RT	712A2	GSK	7/11/01	06/02/03	DLW
Diphtheria, Tetanus, Pertussis† (e.g, DTaP, DT, DTaP-Hib, DTaP-HepB-IPV, Td)	DTaP-HepB-IPV	2/02/03	IM	RT	635A2	GSK	7/30/01	2/02/03	DCP
	DTaP-HepB-IPV	4/02/03	IM	RT	712A2	GSK	7/30/01	4/02/03	DCP
	DTaP-HepB-IPV	6/02/03	IM	RT	712A2	GSK	7/30/01	6/02/03	DLW
	DTaP-Hib	3/02/04	IM	RA	P0897AA	AVP	7/30/01	3/02/04	RLV
			IM						
			IM						
			IM						
***Haemophilus influenzae* type b**† (e.g., Hib, Hib-HepB, DTaP-Hib)	Hib	2/02/03	IM	LT	UA744AA	AVP	12/16/98	2/02/03	DCP
	Hib	4/02/03	IM	LT	UA744AA	AVP	12/16/98	4/02/03	DCP
	Hib	6/02/03	IM	LT	UA744AA	AVP	12/16/98	6/02/03	DLW
	DTaP-Hib	3/02/04	IM	RA	7172AA	AVP	12/16/98	3/02/04	RLV
Polio† (e.g, IPV, DTaP-HepB-IPV)	DTaP-HepB-IPV	2/02/03	IM•SC	RT	635A2	GSK	1/01/00	2/02/03	DCP
	DTaP-HepB-IPV	4/02/03	IM•SC	RT	712A2	GSK	1/01/00	4/02/03	DCP
	DTaP-HepB-IPV	6/02/03	IM•SC	RT	712A2	GSK	1/01/00	6/02/03	DLW
			IM•SC						
Pneumococcal conjugate (PCV)	PCV	2/02/03	IM	LT	489-835	WYE	9/30/02	2/02/03	DCP
	PCV	4/02/03	IM	RT	489-835	WYE	9/30/02	4/02/03	DCP
	PCV	6/02/03	IM	LT	489-835	WYE	9/30/02	6/02/03	DLW
	PCV	3/02/04	IM	LA	501-245	WYE	9/30/02	3/02/04	RLV
Measles, Mumps, Rubella (MMR)	MMR	12/02/03	SC	RA	0857M	MRK	1/15/03	12/02/03	DLW
			SC						
Varicella (Var)	Var	12/02/03	SC	LA	0799M	MRK	12/16/98	12/02/03	DLW
			SC						
Hepatitis A** (HepA)			IM						
Influenza** (Flu)									
			IM						
			IM						
Other**									
Other**									

DTaP-HepB-IPV (Pediarix)

DTaP-Hib (Trihibit)

1 shot, 2 lot #s

1 shot, 3 different VIS dates

How to record DTaP-HepB-IPV and DTaP-Hib combination vaccines

Example #2

*Record the generic abbreviation for the type of vaccine given (e.g., DTaP-Hib, PCV), *not* the trade name.

†For combination vaccines, fill in the row for each individual antigen composing the combination.

§Record the publication date of each VIS as well as the date it is given to the patient. According to federal law, VISs must be given to patients (or parent/guardian of a minor child) before administering each dose of DTaP, Td, Hib, polio, MMR, varicella, PCV, or HepB vaccine, or combinations thereof.

**Influenza, pneumococcal polysaccharide (PPV23), hepatitis A, and/or meningococcal vaccines are recommended for certain high-risk children.

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Vaccine Administration Record for Children and Teens

Patient name: Jack Jones

Birthdate: October 15, 1989

Chart number: 3456789

Before administering any vaccines, give the parent/guardian all appropriate copies of Vaccine Information Statements (VISs) and make sure they understand the risks and benefits of the vaccine(s). Update the patient's personal record card or provide a new one whenever you administer vaccine.

Vaccine	Type of Vaccine* (generic abbreviation)	Date given (mo/day/yr)	Route	Site given (RA, LA, RT, LT)	Vaccine		Vaccine Information Statement		Signature/ initials of vaccinator
					lot #	mfr.	Date on VIS§	Date given§	
Hepatitis B† (e.g., HepB, Hib-HepB, DTaP-HepB-IPV)	HepB (1.0 ml)	6/02/02	IM	RA	0651M	MRK	7/11/01	6/02/02	TAA
	HepB (1.0 ml)	1/02/03	IM	RA	0651M	MRK	7/11/01	1/02/03	TAA
			IM						
			IM						
Diphtheria, Tetanus, Pertussis† (e.g, DTaP, DT, DTaP-Hib, DTaP-HepB-IPV, Td)	DTP	12/15/89	IM	RT	326-912	LED	1/01/88	12/15/89	DCP
	DTP	2/15/90	IM	RT	326-912	LED	1/01/88	2/15/90	DCP
	DTP	4/15/90	IM	RT	326-912	LED	1/01/88	4/15/90	DLW
	DTP	4/15/91	IM	RA	326-912	LED	1/01/88	4/15/91	RLV
	DTP	4/15/94	IM	RA	326-912	LED	10/15/91	4/15/94	JTA
			IM						
			IM						
***Haemophilus influenzae* type b**† (e.g., Hib, Hib-HepB, DTaP-Hib)	Hib	12/15/89	IM	LT	1492L	MRK	6/01/89	12/15/89	DCP
	Hib	2/15/90	IM	LT	1492L	MRK	6/01/89	2/15/90	DCP
	Hib	10/15/90	IM	LT	1492L	MRK	6/01/89	10/15/90	DLW
			IM						
Polio† (e.g, IPV, DTaP-HepB-IPV)	OPV	12/15/89	IM•SC	Oral	0678A	LED	3/01/83	12/15/89	DCP
	OPV	2/15/90	IM•SC	Oral	0678A	LED	3/01/83	2/15/90	DCP
	OPV	4/15/91	IM•SC	Oral	0896A	LED	3/01/83	4/15/91	RLV
	OPV	4/15/94	IM•SC	Oral	0987A	LED	10/15/91	4/15/94	JTA
Pneumococcal conjugate (PCV)			IM						
			IM						
			IM						
			IM						
Measles, Mumps, Rubella (MMR)	MMR	1/15/91	SC	RA	0857M	MRK	1/01/88	1/15/91	DLW
	MMR	10/15/01	SC	LA	0946M	MRK	1/01/88	10/15/01	PWS
Varicella (Var)	Var	10/15/01	SC	LA	0799M	MRK	12/16/98	10/15/01	PWS
			SC						
Hepatitis A** (HepA)			IM						
Influenza** (Flu)									
			IM						
Other**									
Other**									

2-dose adult HepB for adolescents

How to record adult HepB vaccine given to 11-15 year olds

Example #3

*Record the generic abbreviation for the type of vaccine given (e.g., DTaP-Hib, PCV), *not* the trade name.

†For combination vaccines, fill in the row for each individual antigen composing the combination.

§Record the publication date of each VIS as well as the date it is given to the patient. According to federal law, VISs must be given to patients (or parent/guardian of a minor child) before administering each dose of DTaP, Td, Hib, polio, MMR, varicella, PCV, or HepB vaccine, or combinations thereof.

**Influenza, pneumococcal polysaccharide (PPV23), hepatitis A, and/or meningococcal vaccines are recommended for certain high-risk children.

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