Vaccine Administration Record for Children and Teens

Patient name: _____

Birthdate: _____

Chart number: _____

Vaccine	Type of Vaccine[1] (generic abbreviation)	Date given (mo/day/yr)	Source (F,S,P)[2]	Site[3]	Vaccine		Vaccine Information Statement		Signature/ initials of vaccinator
					Lot #	Mfr.	Date on VIS[4]	Date given[4]	
Hepatitis B[5] (e.g., HepB, Hib-HepB, DTaP-HepB-IPV) Give IM.									
Diphtheria, Tetanus, Pertussis[5] (e.g., DTaP, DTaP-Hib, DTaP-HepB-IPV, DT, Tdap, Td) Give IM.									
***Haemophilus influenzae* type b[5]** (e.g., Hib, Hib-HepB, DTaP-Hib) Give IM.									
Polio[5] (e.g., IPV, DTaP-HepB-IPV) Give IPV SC or IM. Give DTaP-HepB-IPV IM.									
Pneumococcal (e.g., PCV, conjugate; PPV, polysaccharide) Give PCV IM. Give PPV SC or IM.									
Rotavirus (Rv) Give oral (po).									
Measles, Mumps, Rubella[5] (e.g., MMR, MMRV) Give SC.									
Varicella[5] (e.g., Var, MMRV) Give SC.									
Hepatitis A (HepA) Give IM.									
Meningococcal (e.g., MCV4; MPSV4) Give MCV4 IM and MPSV4 SC.									
Human papillomavirus (e.g., HPV) Give IM.									
Influenza[5] (e.g., TIV, inactivated; LAIV, live attenuated) Give TIV IM. Give LAIV IN.									
Other									

1. Record the generic abbreviation for the type of vaccine given (e.g., DTaP-Hib, PCV), *not* the trade name.
2. Record the source of the vaccine given as either F (Federally-supported), S (State-supported), or P (supported by Private insurance or other Private funds).
3. Record the site where vaccine was administered as either RA (Right Arm), LA (Left Arm), RT (Right Thigh), LT (Left Thigh), IN (Intranasal), or O (Oral).
4. Record the publication date of each VIS as well as the date it is given to the patient.
5. For combination vaccines, fill in a row for each separate antigen in the combination.

Technical content reviewed by the Centers for Disease Control and Prevention, Nov. 2006.

www.immunize.org/catg.d/p2022b.pdf • Item #P2022 (11/06)

Vaccine Administration Record for Children and Teens

Patient name: Shawn Abler
Birthdate: February 3, 2006
Chart number: SA-4837

Vaccine	Type of Vaccine[1] (generic abbreviation)	Date given (mo/day/yr)	Source (F,S,P)[2]	Site[3]	Vaccine		Vaccine Information Statement		Signature/ initials of vaccinator
					Lot #	Mfr.	Date on VIS[4]	Date given[4]	
Hepatitis B[5] (e.g., HepB, Hib-HepB, DTaP-HepB-IPV) Give IM.	HepB	2/03/06	S	RT	0651M	MRK	7/11/01	2/03/06	JTA
	Hib-HepB	4/03/06	S	RT	1051M	MRK	7/11/01	4/03/06	DCP
	Hib-HepB	6/05/06	S	RT	1051M	MRK	7/11/01	6/05/06	DCP
Diphtheria, Tetanus, Pertussis[5] (e.g., DTaP, DTaP-Hib, DTaP-HepB-IPV, DT, Tdap, Td) Give IM.	DTaP	4/03/06	S	RT	647A2	GSK	7/30/01	4/03/06	DCP
	DTaP	6/05/06	S	RT	647A2	GSK	7/30/01	6/05/06	DCP
***Haemophilus influenzae* type b[5]** (e.g., Hib, Hib-HepB, DTaP-Hib) Give IM.	Hib-HepB	4/03/06	S	RT	1051M	MRK	12/16/98	4/03/06	DCP
	Hib-HepB	6/05/06	S	RT	1051M	MRK	12/16/98	6/05/06	DCP
Polio[5] (e.g., IPV, DTaP-HepB-IPV) Give IPV SC or IM. Give DTaP-HepB-IPV IM.	IPV	4/03/06	S	LT	U4569-8	SPI	1/01/00	4/03/06	DCP
	IPV	6/05/06	S	LT	U4569-8	SPI	1/01/00	6/05/06	DCP
Pneumococcal (e.g., PCV, conjugate; PPV, polysaccharide) Give PCV IM. Give PPV SC or IM.	PCV	4/03/06	S	LT	489-835	WYE	9/30/02	4/03/06	DCP
	PCV	6/05/06	S	RT	489-835	WYE	9/30/02	6/05/06	DCP
Rotavirus (Rv) Give oral (po).	Rv	4/03/06	P	Oral	0857M	MRK			DCP
	Rv	6/05/06	P	Oral	0857M	MRK	4/12/06	6/05/06	DCP
Measles, Mumps, Rubella[5] (e.g., MMR, MMRV) Give SC.									
Varicella[5] (e.g., Var, MMRV) Give SC.									
Hepatitis A (HepA) Give IM.									
Meningococcal (e.g., MCV4; MPSV4) Give MCV4 IM and MPSV4 SC.									
Human papillomavirus (e.g., HPV) Give IM.									
Influenza[5] (e.g., TIV, inactivated; LAIV, live attenuated) Give TIV IM. Give LAIV IN.									
Other									

Hib-HepB (Comvax)

1 shot, 2 different VIS dates

How to record Hib-HepB combination vaccine

Example #1

1. Record the generic abbreviation for the type of vaccine given (e.g., DTaP-Hib, PCV), *not* the trade name.
2. Record the source of the vaccine given as either F (Federally-supported), S (State-supported), or P (supported by Private insurance or other Private funds).
3. Record the site where vaccine was administered as either RA (Right Arm), LA (Left Arm), RT (Right Thigh), LT (Left Thigh), IN (Intranasal), or O (Oral).
4. Record the publication date of each VIS as well as the date it is given to the patient.
5. For combination vaccines, fill in a row for each separate antigen in the combination.

Vaccine Administration Record for Children and Teens

Patient name: Renee Schmidt
Birthdate: December 2, 2004
Chart number: 2345678

Vaccine	Type of Vaccine[1] (generic abbreviation)	Date given (mo/day/yr)	Source (F,S,P)[2]	Site[3]	Vaccine		Vaccine Information Statement		Signature/ initials of vaccinator
					Lot #	Mfr.	Date on VIS[4]	Date given[4]	
Hepatitis B[5] (e.g., HepB, Hib-HepB, DTaP-HepB-IPV) Give IM.	HepB	12/02/04	F	RT	0651M	MRK	7/11/01	12/02/04	JTA
	DTaP-HepB-IPV	2/02/05	F	RT	635A2	GSK	7/11/01	2/02/05	DCP
	DTaP-HepB-IPV	4/02/05	F	RT	712A2	GSK	7/11/01	4/02/05	DCP
	DTaP-HepB-IPV	6/02/05	F	RT	712A2	GSK	7/11/01	06/02/05	DLW
Diphtheria, Tetanus, Pertussis[5] (e.g., DTaP, DTaP-Hib, DTaP-HepB-IPV, DT, Tdap, Td) Give IM.	DTaP-HepB-IPV	2/02/05	F	RT	635A2	GSK	7/30/01	2/02/05	DCP
	DTaP-HepB-IPV	4/02/05	F	RT	712A2	GSK	7/30/01	4/02/05	DCP
	DTaP-HepB-IPV	6/02/05	F	RT	712A2	GSK	7/30/01	6/02/05	DLW
	DTaP-Hib	3/02/06	F	RA	P0897AA	SPI	7/30/01	3/02/06	RLV
***Haemophilus influenzae* type b**[5] (e.g., Hib, Hib-HepB, DTaP-Hib) Give IM.	Hib	2/02/05	F	LT	UA744AA	SPI	12/16/98	2/02/05	DCP
	Hib	4/02/05	F	LT	UA744AA	SPI	12/16/98	4/02/05	DCP
	Hib	6/02/05	F	LT	UA744AA	SPI	12/16/98	6/02/05	DLW
	DTaP-Hib	3/02/05	F	RA	7172AA	SPI	12/16/98	3/02/05	RLV
Polio[5] (e.g., IPV, DTaP-HepB-IPV) Give IPV SC or IM. Give DTaP-HepB-IPV IM.	DTaP-HepB-IPV	2/02/05	F	RT	635A2	GSK	1/01/00	2/02/05	DCP
	DTaP-HepB-IPV	4/02/05	F	RT	712A2	GSK	1/01/00	4/02/05	DCP
	DTaP-HepB-IPV	6/02/05	F	RT	712A2	GSK	1/01/00	6/02/05	DLW
Pneumococcal (e.g., PCV, conjugate; PPV, polysaccharide) Give PCV IM. Give PPV SC or IM.	PCV	2/02/05	F	LT	489-835	WYE	9/30/02	2/02/05	DCP
	PCV	4/02/05	F	RT	489-835	WYE	9/30/02	4/02/05	DCP
	PCV	6/02/05	F	LT	489-835	WYE	9/30/02	6/02/05	DLW
	PCV	3/02/06	F	LA	501-245	WYE	9/30/02	3/02/06	RLV
Rotavirus (Rv) Give oral (po).									
Measles, Mumps, Rubella[5] (e.g., MMR, MMRV) Give SC.	MMRV	12/02/05	P	RA	0857M	MRK	1/15/03	12/02/05	DLW
Varicella[5] (e.g., Var, MMRV) Give SC.	MMRV	12/02/05	P	LA	0857M	MRK	12/16/98	12/02/05	DLW
Hepatitis A (HepA) Give IM.	HepA	12/02/05	F	LA	0524L	MRK	8/04/04	12/02/05	MAT
	HepA	6/02/06	F	LA	0634K	MRK	3/21/06	6/02/06	MAT
Meningococcal (e.g., MCV4; MPSV4) Give MCV4 IM and MPSV4 SC.									
Human papillomavirus (e.g., HPV) Give IM.									
Influenza[5] (e.g., TIV, inactivated; LAIV, live attenuated) Give TIV IM. Give LAIV IN.	TIV	10/05/05	RA	F	U097543	SPI	7/18/06	10/05/05	JTA
	TIV	11/05/05	RA	F	U097543	SPI	10/20/05	11/05/05	DCP
Other									

DTaP-HepB-IPV (Pediarix)

DTaP-Hib (Trihibit)

1 shot, 2 lot #s

1 shot, 3 different VIS dates

MMRV (ProQuad)

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

Example #2

1. Record the generic abbreviation for the type of vaccine given (e.g., DTaP-Hib, PCV), *not* the trade name.
2. Record the source of the vaccine given as either F (Federally-supported), S (State-supported), or P (supported by Private insurance or other Private funds).
3. Record the site where vaccine was administered as either RA (Right Arm), LA (Left Arm), RT (Right Thigh), LT (Left Thigh), IN (Intranasal), or O (Oral).
4. Record the publication date of each VIS as well as the date it is given to the patient.
5. For combination vaccines, fill in a row for each separate antigen in the combination.

Vaccine Administration Record for Children and Teens

Patient name: Jane Stamper
Birthdate: October 15, 1989
Chart number: 3456789

Vaccine	Type of Vaccine[1] (generic abbreviation)	Date given (mo/day/yr)	Source (F,S,P)[2]	Site[3]	Vaccine		Vaccine Information Statement		Signature/ initials of vaccinator
					Lot #	Mfr.	Date on VIS[4]	Date given[4]	
Hepatitis B[5] (e.g., HepB, Hib-HepB, DTaP-HepB-IPV) Give IM.	HepB (1.0 ml)	6/02/02	P	RA	0651M	MRK	7/11/01	6/02/02	TAA
	HepB (1.0 ml)	1/02/03	P	RA	0651M	MRK	7/11/01	1/02/03	TAA
Diphtheria, Tetanus, Pertussis[5] (e.g., DTaP, DTaP-Hib, DTaP-HepB-IPV, DT, Tdap, Td) Give IM.	DTP	12/15/89	P	RT	326-912	LED	1/01/88	12/15/89	DCP
	DTP	2/15/90	P	RT	326-912	LED	1/01/88	2/15/90	DCP
	DTP	4/15/90	P	RT	326-912	LED	1/01/88	4/15/90	DLW
	DTP	4/15/91	P	RA	326-912	LED	1/01/88	4/15/91	RLV
	DTP	4/15/94	P	RA	326-912	LED	10/15/91	4/15/94	JTA
	Td	10/15/01	P	RA	467-854	WAL	6/10/04	10/15/01	PWS
***Haemophilus influenzae* type b[5]** (e.g., Hib, Hib-HepB, DTaP-Hib) Give IM.	Hib	12/15/89	P	LT	1492L	MRK	6/01/89	12/15/89	DCP
	Hib	2/15/90	P	LT	1492L	MRK	6/01/89	2/15/90	DCP
	Hib	10/15/90	P	LT	1492L	MRK	6/01/89	10/15/90	DLW
Polio[5] (e.g., IPV, DTaP-HepB-IPV) Give IPV SC or IM. Give DTaP-HepB-IPV IM.	OPV	12/15/89	P	Oral	0678A	LED	3/01/83	12/15/89	DCP
	OPV	2/15/90	P	Oral	0678A	LED	3/01/83	2/15/90	DCP
	OPV	4/15/91	P	Oral	0896A	LED	3/01/83	4/15/91	RLV
	OPV	4/15/94	P	Oral	0987A	LED	10/15/91	4/15/94	JTA
Pneumococcal (e.g., PCV, conjugate; PPV, polysaccharide) Give PCV IM. Give PPV SC or IM.									
Rotavirus (Rv) Give oral (po).									
Measles, Mumps, Rubella[5] (e.g., MMR, MMRV) Give SC.	MMR	1/15/91	P	RA	0857M	MRK	1/01/88	1/15/91	DLW
	MMR	10/15/01	P	LA	0946M	MRK	1/01/88	10/15/01	PWS
Varicella[5] (e.g., Var, MMRV) Give SC.	Var	10/15/01	P	LA	0799M	MRK	12/16/98	10/15/01	PWS
Hepatitis A (HepA) Give IM.									
Meningococcal (e.g., MCV4; MPSV4) Give MCV4 IM and MPSV4 SC.	MCV4	8/19/05	P	LA	U1766AA	SPI	4/4/05	8/19/05	DCP
Human papillomavirus (e.g., HPV) Give IM.	HPV	9/12/06	P	RA	0637F	MRK	9/6/06	9/12/06	MAT
	HPV	11/14/06	P	RA	0637F	MRK	9/5/06	11/14/06	MAT
Influenza[5] (e.g., TIV, inactivated; LAIV, live attenuated) Give TIV IM. Give LAIV IN.									
Other	Tdap	7/9/06	P	LA	C2454AA	SPI	9/22/05	7/9/06	MAT

2-dose adult HepB for adolescents

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

Example #3

1. Record the generic abbreviation for the type of vaccine given (e.g., DTaP-Hib, PCV), *not* the trade name.
2. Record the source of the vaccine given as either F (Federally-supported), S (State-supported), or P (supported by Private insurance or other Private funds).
3. Record the site where vaccine was administered as either RA (Right Arm), LA (Left Arm), RT (Right Thigh), LT (Left Thigh), IN (Intranasal), or O (Oral).
4. Record the publication date of each VIS as well as the date it is given to the patient.
5. For combination vaccines, fill in a row for each separate antigen in the combination.