

# Vaccine Administration Record for Adults

Patient name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Chart number: \_\_\_\_\_

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). Update the patient's personal record card or provide a new one whenever you administer vaccine.

Vaccine	Type of Vaccine <sup>1</sup> (generic abbreviation)	Date given (mo/day/yr)	Source (F,S,P) <sup>2</sup>	Site <sup>3</sup>	Vaccine		Vaccine Information Statement		Signature/ initials of vaccinator
					Lot #	Mfr.	Date on VIS <sup>4</sup>	Date given <sup>4</sup>	
<b>Tetanus, Diphtheria, Pertussis</b> (e.g., Td, Tdap) Give IM.									
<b>Hepatitis A<sup>5</sup></b> (e.g., HepA, HepA-HepB) Give IM.									
<b>Hepatitis B<sup>5</sup></b> (e.g., HepB, HepA-HepB) Give IM.									
<b>Human papillomavirus</b> (HPV) Give IM.									
<b>Measles, Mumps, Rubella</b> (MMR) Give SC.									
<b>Varicella</b> (Var) Give SC.									
<b>Pneumococcal, polysaccharide (PPV)</b> Give SC or IM.									
<b>Meningococcal</b> (e.g., MCV4, conjugate; MPSV4, polysaccharide) Give MCV4 IM. Give MPSV4 SC.									
<b>Zoster (Zos)</b> Give SC.									
<b>Influenza</b> (e.g., TIV, inactivated; LAIV, live, attenuated) Give TIV IM. Give LAIV IN.									
<b>Other</b>									
<b>Other</b>									

- Record the generic abbreviation for the type of vaccine given (e.g., PPV, HepA-HepB), *not* the trade name.
- 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).
- Record the site where vaccine was administered as either RA (Right Arm), LA (Left Arm), RT (Right Thigh), LT (Left Thigh), IN (Intranasal).
- Record the publication date of each VIS as well as the date it is given to the patient.
- For combination vaccines, fill in a row for each separate antigen in the combination.

# Vaccine Administration Record for Adults

Patient name: Mohammed Sharik

Birthdate: April 15, 1978

Chart number: 06-132543

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). Update the patient's personal record card or provide a new one whenever you administer vaccine.

Vaccine	Type of Vaccine <sup>1</sup> (generic abbreviation)	Date given (mo/day/yr)	Source (F,S,P) <sup>2</sup>	Site <sup>3</sup>	Vaccine		Vaccine Information Statement		Signature/ initials of vaccinator
					Lot #	Mfr.	Date on VIS <sup>4</sup>	Date given <sup>4</sup>	
<b>Tetanus, Diphtheria, (Pertussis)</b> (e.g., Td, Tdap) Give IM.	<i>Td</i>	<i>8/01/02</i>	<i>P</i>	<i>LA</i>	<i>U0376AA</i>	<i>AVP</i>	<i>6/10/94</i>	<i>8/01/02</i>	<i>JTA</i>
	<i>Td</i>	<i>9/01/02</i>	<i>P</i>	<i>LA</i>	<i>U0376AA</i>	<i>AVP</i>	<i>6/10/94</i>	<i>9/01/02</i>	<i>PWS</i>
	<i>Td</i>	<i>3/01/03</i>	<i>P</i>	<i>LA</i>	<i>U0376AA</i>	<i>AVP</i>	<i>6/10/94</i>	<i>3/01/03</i>	<i>TAA</i>
	<i>Tdap</i>	<i>1/07/08</i>	<i>P</i>	<i>LA</i>	1 shot , 2 different VIS dates			<i>1/07/08</i>	<i>JTA</i>
<b>Hepatitis A<sup>5</sup></b> (e.g., HepA, HepA-HepB) Give IM.	<i>HepA-HepB</i>	<i>8/01/02</i>	<i>P</i>	<i>RA</i>	<i>HAB239A4</i>	<i>GSK</i>	<i>8/25/98</i>	<i>8/01/02</i>	<i>JTA</i>
	<i>HepA-HepB</i>	<i>9/01/02</i>	<i>P</i>	<i>RA</i>	<i>HAB239A4</i>	<i>GSK</i>	<i>8/25/98</i>	<i>9/01/02</i>	<i>TAA</i>
	<i>HepA-HepB</i>	<i>2/01/03</i>	<i>P</i>	<i>RA</i>	<i>HAB239A4</i>	<i>GSK</i>	<i>8/25/98</i>	<i>2/01/03</i>	<i>TAA</i>
<b>Hepatitis B<sup>5</sup></b> (e.g., HepB, HepA-HepB) Give IM.	<i>HepA-HepB</i>	<i>8/01/02</i>	<i>P</i>	<i>RA</i>	<i>HAB239A4</i>	<i>GSK</i>	<i>7/11/01</i>	<i>8/01/02</i>	<i>JTA</i>
	<i>HepA-HepB</i>	<i>9/01/02</i>	<i>P</i>	<i>RA</i>	<i>HAB239A4</i>	<i>GSK</i>	<i>7/11/01</i>	<i>9/01/02</i>	<i>TAA</i>
	<i>HepA-HepB</i>	<i>2/01/03</i>	<i>P</i>	<i>RA</i>	<i>HAB239A4</i>	<i>GSK</i>	<i>7/11/01</i>	<i>2/01/03</i>	<i>TAA</i>
<b>Human Papillomavirus (HPV)</b> Give IM.									
<b>Measles, Mumps, Rubella (MMR)</b> Give SC.	<i>MMR</i>	<i>8/01/02</i>	<i>P</i>	<i>RA</i>	<i>0025L</i>	<i>MRK</i>	<i>6/13/02</i>	<i>8/01/02</i>	<i>JTA</i>
	<i>MMR</i>	<i>11/01/02</i>	<i>P</i>	<i>RA</i>	<i>0025L</i>	<i>MRK</i>	<i>6/13/02</i>	<i>11/01/02</i>	<i>PWS</i>
<b>Varicella (Var)</b> Give SC.									
<b>Pneumococcal, polysaccharide (PPV)</b> Give SC or IM.	<i>PPV</i>	<i>10/01/02</i>	<i>P</i>	<i>LA</i>	<i>0443A</i>	<i>MRK</i>	<i>7/29/97</i>	<i>10/01/02</i>	<i>TAA</i>
<b>Meningococcal</b> (e.g., MCV4, conjugate; MPSV4, polysaccharide) Give MCV4 IM. Give MPSV4 SC.	<i>MCV4</i>	<i>10/9/06</i>	<i>P</i>	<i>RA</i>	<i>U1766AA</i>	<i>SPI</i>	<i>10/7/05</i>	<i>10/9/06</i>	<i>KKC</i>
<b>Zoster (Zos)</b> Give SC.									
<b>Influenza</b> (e.g., TIV, inactivated; LAIV, live, attenuated) Give TIV IM. Give LAIV IN.	<i>TIV</i>	<i>10/01/02</i>	<i>P</i>	<i>RA</i>	<i>U088211</i>	<i>AVP</i>	<i>6/26/02</i>	<i>10/01/02</i>	<i>PWS</i>
	<i>TIV</i>	<i>10/10/03</i>	<i>P</i>	<i>LA</i>	<i>U091145</i>	<i>AVP</i>	<i>5/6/03</i>	<i>10/10/03</i>	<i>DLW</i>
	<i>TIV</i>	<i>10/8/04</i>	<i>P</i>	<i>RA</i>	<i>U100461</i>	<i>AVP</i>	<i>5/24/04</i>	<i>10/08/04</i>	<i>TAA</i>
	<i>TIV</i>	<i>10/12/05</i>	<i>P</i>	<i>LA</i>	<i>U101059</i>	<i>SPI</i>	<i>7/18/05</i>	<i>10/12/05</i>	<i>JTA</i>
	<i>TIV</i>	<i>10/9/06</i>	<i>P</i>	<i>LA</i>	<i>71211</i>	<i>NOV</i>	<i>6/30/06</i>	<i>10/9/06</i>	<i>KKC</i>
	<i>TIV</i>	(This is a record for a 29-year-old health care worker with diabetes who is planning to travel to Saudi Arabia for the annual Hajj.)							<i>MAI</i>
<b>Other</b>									
<b>Other</b>									

**How to record combination vaccines given to adults (i.e., HepA-HepB)**

- Record the generic abbreviation for the type of vaccine given (e.g., PPV, HepA-HepB), *not* the trade name.
- 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).
- Record the site where vaccine was administered as either RA (Right Arm), LA (Left Arm), RT (Right Thigh), LT (Left Thigh), IN (Intranasal).
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