

Vaccine Administration Record for Children and Teens

Give parent or guardian all appropriate copies of Vaccine Information Statements and ensure that all risks and benefits are discussed.

Patient Name: _____

Chart Number: _____ DOB: _____

Vaccine	Type of Vaccine ¹ (generic abbreviation)	Date given	Funding Source (F,S,P) ²	Site ³	Vaccine			Vaccine Information Statement		Vaccinator Signature
					Lot #	Expiration Date ⁴	Vaccine Manufacturer	Date on VIS ⁵	Date Given ⁵	
Hepatitis B⁶ (e.g., HepB, Hib-HepB, DTaP-HepB-IPV). Give IM ⁷ .										
Diphtheria, Tetanus, Pertussis⁶ (e.g., DTaP, DTaP-Hib, DTaP-HepB-IPV, DT, DTaP-Hib-IPV, Tdap, DTaP-IPV, Td). Give IM ⁷ .										
Haemophilus influenza type b⁶ (e.g., Hib, Hib-HepB, DTaP-Hib-IPV, DTaP-Hib). Give IM ⁷ .										
Polio⁶ (e.g., IPV, DTaP-HepB-IPV, DTaP-Hib-IPV, DTaP-IPV). Give IPV SC ⁷ or IM ⁷ . Give all others IM ⁷ .										
Pneumococcal (e.g., PCV7, PPV23, polysaccharide). Give PCV7 IM ⁷ . Give PPV23 SC ⁷ or IM ⁷ .										
Rotavirus Give po ⁷ .										
Measles, Mumps, Rubella⁶ (e.g., MMR, MMRV). Give SC ⁷ .										
Varicella⁶ (e.g., Var, MMRV). Give SC ⁷ .										
Hepatitis A Give IM ⁷ .										
Meningococcal (e.g., MCV4, MPSV4). Give MCV4 IM and MPSV4 SC ⁷ .										
Human Papillomavirus (e.g., HPV4). Give IM ⁷ .										
Influenza⁶ (e.g., TIV, inactivated; LAIV, live attenuated). Give TIV IM ⁷ . Give LAIV IN ⁷ .										
Other										

1. Record the generic abbreviation for the type of vaccine given (e.g., DTaP-Hib, PCV7), *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: RA (Right Arm), LA (Left Arm), RT (Right Thigh), LT (Left Thigh). 4. NYC DOHMH PQA requirement. 5. Record the publication date of each VIS and date provided. 6. For combination vaccines, fill in a row for each separate antigen in the combination. 7. Route: SC=Subcutaneous, IM=Intramuscular, IN (Intranasal), po (by mouth)