



VACCINE ADMINISTRATION RECORD

PATIENT IDENTIFICATION

Patient's Name: _____ MR# _____

"I have been provided a copy, and have read or have had explained to me, information about the diseases and the vaccines listed below. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the vaccines cited. I ask that the vaccines(s) listed below be given to me or to the person named above (for whom I am authorized to make this request)."

Vaccine and route (circle type given)	Date given	Site given (LA, RA, LT, RT)	Vaccine manufacturer	Vaccine lot number	VIS date*	Signature and title of vaccine administrator	Signature of Parent or Guardian
DTAP/HEPB/IPV (IM)					DTaP		
					HepB		
					IPV		
DTAP/HEPB/IPV (IM)					DTaP		
					HepB		
					IPV		
DTAP/HEPB/IPV (IM)					DTaP		
					HepB		
					IPV		
Pneum conj (PCV) - 1 (IM)							
Pneum conj (PCV) - 2 (IM)							
Pneum conj (PCV) - 3 (IM)							
Pneum conj (PCV) - 4 (IM)							
Hib - 1 (IM)							
Hib - 2 (IM)							
Hib - 3 (IM)							
Hib - 4 (IM)							
MMR - 1 (SQ)							
MMR - 2 (SQ)							
Varicella -1 (SQ)							
Varicella -2 (SQ)							
DTaP • DT • Td - 1 (IM)							
DTaP • DT • Td - 2 (IM)							
DTaP • DT • Td - 3 (IM)							
DTaP • DT • Td - 4 (IM)							
DTaP • DT • Td - 5 (IM)							
Polio - 1 (SQ•IM)							
Polio - 2 (SQ•IM)							
Polio - 3 (SQ•IM)							
Polio - 4 (SQ•IM)							
Hepatitis B - 1 (IM)							
Hepatitis B - 2 (IM)							
Hepatitis B - 3 (IM)							
Td booster (IM)							
Td booster (IM)							
Hib/Hep B - 1 (IM)					Hib		
					Hep B		
Hib/Hep B - 2 (IM)					Hib		
					Hep B		
Hib/Hep B - 3 (IM)					Hib		
					Hep B		
Other **							
Other **							
Other **							

* Each VIS is identified by a date at the bottom. Record the VIS identification date in this column.

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