

ESRD Patient Vaccination Record

Vaccination	Date	Product/ Manufacturer	Dose	Route	Site	Vaccine Lot Number	Expiration Date	Nurse Signature
Hepatitis B								
Hepatitis B								
Hepatitis B								
Hepatitis B								
Hepatitis B								
Hepatitis B								
Influenza								
Influenza								
Influenza								
Influenza								
Influenza								
Pneumococcal								
Pneumococcal								
Other - List Type								

Vaccination: Vaccination type
Date: Date vaccination administered
Product/Manufacturer: Brand name or manufacturer
Dose: Dose of vaccine administered
Route (of injection): Intramuscular (IM), subcutaneous (SQ)

Site: Shot administration location, i.e., left-right deltoid (LA) (RA)
Vaccine Lot Number: Manufacturer's lot number
Expiration Date: Expiration date of vaccine
Nurse Signature: Nurse administering vaccine

