

# 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.