

Vaccine Administration for Adults
 McLaren Internal Medicine Residency Group Practice
 3230 Beecher Rd., Ste. 2
 Flint, MI 48532

Vaccine	Date Vaccine & Vaccine Info Statement Given	Vaccine Mfr.	Vaccine Lot No.	Vaccine Exp. Date	Site Given RA- right arm LA - left arm RL - right leg LL - left leg N - nasal	Route IM intramuscular SC subcutaneous N intranasal	Signature of Vaccine Administer	Patient/Guardian Signature
Hepatitis A								
Hep A								
Hep A/B								
Hepatitis B								
Hep B								
HepA/Hep B								
HPV								
Gardasil® (HPV4)								
Cervarix® (HPV2)								
Influenza								
Measles/Mumps/Rubella (MMR) booster								
Meningococcal (MCV 4)								
Pneumovax (PPV23)								
Tetanus/Diphtheria/Pertussis (Tdap) < 64 years of age								
Td > 64 years of age								
Varicella								
Zoster								
Zostavax® > 60 years of age								
Other:								
Other:								
Other:								
Other:								

PPD: Date: ___/___/___ Signature: _____

PPD Reading Pos. Neg Date: ___/___/___ Signature: _____

PPD: Date: ___/___/___ Signature: _____

PPD Reading Pos. Neg Date: ___/___/___ Signature: _____

PPD: Date: ___/___/___ Signature: _____

PPD Reading Pos. Neg Date: ___/___/___ Signature: _____

Patient name: _____
 Date of birth: _____
 Physician(s): _____