

McLaren Print System Order

Order No: 48653 Reprint Previous Order No: 5592
 Order Date: 2019-09-16
 User: Diana Garver
 Phone: 989-779-5222

Ship Location: McLaren Central - Health Park 4 - Attn: Cindy
 2853 Health Parkway, Suite A
 Mt Pleasant, Michigan (USA) 48858

Forms

Quantity: 100
 Paragon Dept No: 75375
 Dept Name: Health Park 4
 Company Number: 810

Order Total Price: 0.00

Item Number: MM-157
 Item Description: Vaccine Administration Record (Adults)
 Revision Date: 7/2011
 Print: 2 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: None
 Misc Info:

McLaren Medical Group
 VACCINE ADMINISTRATION RECORD FOR ADULTS (V)

Vaccine	Date Administered & Vaccine Administration Statement Number	Date on Vaccine Information Statement (VIS)	Vaccine lot	Vaccine Lot Number	Expiration Date	Site Used	Preced	Signature of Vaccine Administrator	Client Initials
Tetanus and Diphtheria Type III (Td)									
Hepatitis A (HepA) (Type I)									
Hepatitis B (HepB) (Type II)									
Measles, Mumps, Rubella (MMR) (Type III)									
Varicella (Type IV)									
Shingles (Type V)									
Pneumococcal (Type VI)									
meningococcal (Type VII)									
Human Papillomavirus (Type VIII)									

* Place an asterisk (*) next to the date the vaccine was given to indicate vaccine administration dates.

VIS Code 01 = All Sites 02 = All Sites 03 = All Sites	VIS Code 04 = All Sites 05 = All Sites 06 = All Sites
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* Check Status W = Worked, U = Unworked, D = Unemployed, R = Resigned/Retired or Worker Status, and P = Provider/Insurance

Printed: _____

Address: _____

City/State/Zip: _____

VACCINE ADMINISTRATION RECORD FOR ADULTS (V)
