

Vaccine Administration Record for Children and Teens

Clinic Name/Address

Patient Name: _____

Date of Birth: _____ MCIR ID# _____

Vaccine	Date Vaccine ¹ & Vaccine Info Statement (VIS) Given	Type of Vaccine	Date on VIS	Vaccine Manf.	Vaccine Lot Number	Site Given ²	Route ³	Signature of Vaccine Administrator	Client VFC Status ⁴
Diphtheria/ Tetanus/Pertussis DTaP DTaP-IPV-HepB DTaP-IPV DTaP-Hib DTaP-IPV-Hib Tdap Td; DT									
Haemophilus influenzae type b Hib (See Back) DTaP-Hib Hib-HepB DTaP-IPV-Hib									
Hepatitis B HepB Hib-HepB DTaP-IPV-HepB									
Hepatitis A HepA									
Polio IPV DTaP-IPV DTaP-IPV-Hib DTaP-IPV-HepB									
Measles/Mumps/ Rubella MMR MMRV									
Varicella Var MMRV									
Pneumococcal conjugate PCV7 PCV13									
Rotavirus RV1 RV5									
Influenza IIV3 (shot) IIV4 (shot) LAIV4 (Intranasal) (See Back)									
Meningococcal MCV4 MPSV4 (See Back)									
Human Papillomavirus HPV2 HPV4									

¹ Place an asterisk (*) next to the date the vaccine was given to indicate vaccines administered elsewhere.

² Site Code: LA=LT ARM, RA=RT ARM, LL=LT LEG, RL=RT LEG

³ Route Code: IM= intramuscular, SC=subcutaneous, IN=intranasal, PO=oral

⁴ Client Status: M=Medicaid, U=Uninsured, D=Underinsured, P=Private Insurance, A=American Indian or Alaskan Native, V=MIVRP, L=Other Public Purchase

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Meningococcal+Hib Hib-MenCY* *contains only 2 meningococcal serotypes and does not count as an MCV4 dose									
Additional Influenza IIV3 (shot) IIV4 (shot) LAIV4 (Intranasal)									
Other									
Other									
Other									
Other									

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Note: Patients/parents should be informed about the risks and benefits associated with immunizations including those associated with the vaccine-preventable disease. Federal and state guidelines do not require a parent/patient signature to administer vaccines. However, health care providers have the option to obtain a signature. Check with your agency for specific requirements.

I have been given a copy and have read, or have had explained to me, the information contained on the appropriate Vaccine Information Statement (VIS) about the disease(s) and the vaccine(s) which are to be administered today. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the specific vaccine(s) and I ask that the vaccine(s) I have requested be given to me, or to the person named, for whom I am authorized to make this request.

1. SIGNATURE	DATE	Insurance Status	7. SIGNATURE	DATE	Insurance Status
2. SIGNATURE	DATE	Insurance Status	8. SIGNATURE	DATE	Insurance Status
3. SIGNATURE	DATE	Insurance Status	9. SIGNATURE	DATE	Insurance Status
4. SIGNATURE	DATE	Insurance Status	10. SIGNATURE	DATE	Insurance Status
5. SIGNATURE	DATE	Insurance Status	11. SIGNATURE	DATE	Insurance Status
6. SIGNATURE	DATE	Insurance Status	12. SIGNATURE	DATE	Insurance Status