

McLaren Print System Order

Order No: 77333 Reprint Previous Order No: 5593
 Order Date: 2023-05-17
 User: Teresa Wenzlick
 Phone: 9897795692

Ship Location: McLaren Central Pediatrics - Attn: Becky
 1201 South Drive, Suite 341
 Mt. Pleasant, MI 48858

Forms

Quantity: 500
 Paragon Dept No: 50740
 Dept Name: Mt. Pleasant
 Company Number: 810

Order Total Price: 0.00

Item Number: MM-34079
 Item Description: Vaccine Administration Record (Children and Teens)
 Revision Date: 9/2013
 Print:
 Paper:
 Size:
 Fold:
 Finish:
 Drill:
 Misc Info:

McLaren Medical Group
 Vaccine Administration Record for Children and Teens

Patient Name: _____ Clinic Name/Address: _____
 Date of Birth: _____ MCR ID# _____

Vaccine	Date Administered (If vaccine info unknown, enter None)	Type of Vaccine	Date in Use	Vaccine Batch	Vaccine Lot Number	Site Used	Route	Signature of Vaccine Administrator	Check VFC Status
Immunization									
Diphtheria									
Tetanus									
Polio									
MM2									
MM4									
MM5									
MM6									
MM7									
MM8									
MM9									
MM10									
MM11									
MM12									
MM13									
MM14									
MM15									
MM16									
MM17									
MM18									
MM19									
MM20									
MM21									
MM22									
MM23									
MM24									
MM25									
MM26									
MM27									
MM28									
MM29									
MM30									
MM31									
MM32									
MM33									
MM34									
MM35									
MM36									
MM37									
MM38									
MM39									
MM40									
MM41									
MM42									
MM43									
MM44									
MM45									
MM46									
MM47									
MM48									
MM49									
MM50									

*There are additional forms for this form. See the user manual for details on vaccine administration procedures.
 **This form is subject to change without notice. © 2013 McLaren Medical Group
 ***This form is subject to change without notice. © 2013 McLaren Medical Group
 ****This form is subject to change without notice. © 2013 McLaren Medical Group