

# Vaccine Administration Record for Adults

Patient name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Chart number: \_\_\_\_\_

Clinic name and address

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). Always provide or update the patient's personal record card.

Vaccine	Type of Vaccine <sup>1</sup>	Date given (mo/day/yr)	Funding source (F,S,P) <sup>2</sup>	Route <sup>3</sup> & Site <sup>3</sup>	Vaccine		Vaccine Information Statement (VIS)		Vaccinator <sup>5</sup> (signature or initials & title)
					Lot #	Mfr.	Date on VIS <sup>4</sup>	Date given <sup>4</sup>	
<b>Tetanus, Diphtheria, Pertussis</b> (e.g., Td, Tdap) Give IM. <sup>3</sup>									
<b>Hepatitis A<sup>6</sup></b> (e.g., HepA, HepA-HepB) Give IM. <sup>3</sup>									
<b>Hepatitis B<sup>6</sup></b> (e.g., HepB, HepA-HepB) Give IM. <sup>3</sup>									
<b>Human papillomavirus</b> (HPV2, HPV4) Give IM. <sup>3</sup>									
<b>Measles, Mumps, Rubella</b> (MMR) Give SC. <sup>3</sup>									
<b>Varicella</b> (VAR) Give SC. <sup>3</sup>									
<b>Pneumococcal</b> (e.g., PCV13, conjugate; PPSV23, polysaccharide) Give PCV13 IM. <sup>3</sup> Give PPSV23 IM or SC. <sup>3</sup>									
<b>Meningococcal</b> (e.g., MenACWY, conjugate; MPSV4, polysaccharide) Give MenACWY IM. <sup>3</sup> Give MPSV4 SC. <sup>3</sup>									

See page 2 to record influenza, Hib, zoster, and other vaccines (e.g., travel vaccines).

## How to Complete This Record

- Record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine (see table at right).
- Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
- Record the route by which the vaccine was given as either intramuscular (IM), subcutaneous (SC), intradermal (ID), intranasal (IN), or oral (PO) and also the site where it was administered as either RA (right arm), LA (left arm), RT (right thigh), or LT (left thigh).
- Record the publication date of each VIS as well as the date the VIS is given to the patient.
- To meet the space constraints of this form and federal requirements for documentation, a healthcare setting may want to keep a reference list of vaccinators that includes their initials and titles.
- For combination vaccines, fill in a row for each antigen in the combination.

Abbreviation	Trade Name and Manufacturer
Tdap	Adacel (sanofi pasteur); Boostrix (GlaxoSmithKline [GSK])
Td	Decavac (sanofi pasteur); generic Td (MA Biological Labs)
HepA	Havrix (GSK); Vaqta (Merck)
HepB	Engerix-B (GSK); Recombivax HB (Merck)
HepA-HepB	Twinrix (GSK)
HPV2	Cervarix (GSK)
HPV4	Gardasil (Merck)
MMR	MMRII (Merck)
VAR	Varivax (Merck)
PCV13, PPSV23	Prennar 13 (Pfizer); Pneumovax 23 (Merck)
MenACWY	Menactra (sanofi pasteur); Menveo (Novartis)
MPSV4	Menomune (sanofi pasteur)

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Patient name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Chart number: \_\_\_\_\_

Clinic name and address
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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). Always provide or update the patient's personal record card.

Vaccine	Type of Vaccine <sup>1</sup>	Date given (mo/day/yr)	Funding Source (F,S,P) <sup>2</sup>	Route <sup>3</sup> & Site <sup>3</sup>	Vaccine		Vaccine Information Statement (VIS)		Vaccinator <sup>5</sup> (signature or initials & title)
					Lot #	Mfr.	Date on VIS <sup>4</sup>	Date given <sup>4</sup>	
<b>Influenza</b> (e.g., IIV3, trivalent inactivated; IIV4, quadrivalent inactivated; RIV, recombinant inactivated; LAIV4, quadrivalent live attenuated) Give IIV and RIV IM. <sup>3</sup> Give LAIV IN. <sup>3</sup>									
<b>Hib</b> Give IM. <sup>3</sup>									
<b>Zoster (Zos)</b> Give SC. <sup>3</sup>									
<b>Other</b>									

See page 1 to record Tdap/Td, hepatitis A, hepatitis B, HPV, MMR, varicella, pneumococcal, and meningococcal vaccines.

## How to Complete This Record

- Record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine (see table at right).
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Abbreviation	Trade Name and Manufacturer
LAIV (Live attenuated influenza vaccine)	FluMist (MedImmune)
IIV (Inactivated influenza vaccine), RIV (recombinant influenza vaccine)	Afluria (CSL Biotherapies); Agriflu (Novartis); Fluarix (GSK); Flublok (Protein Sciences Corp.); Flucelvax (Novartis); FluLaval (GSK); Fluvirin (Novartis); Fluzone, Fluzone Intradermal, Fluzone High-Dose (sanofi pasteur)
Hib	ActHIB (sanofi pasteur); Hiberix (GSK); PedvaxHib (Merck)
ZOS (shingles)	Zostavax (Merck)

# Vaccine Administration Record for Adults

Patient name: Mohammed SharikBirthdate: 4/14/1981

Chart number: \_\_\_\_\_

Clinic name and address Small Town Clinic  
1st and Main Streets  
Anywhere, AB 12345

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). Always provide or update the patient's personal record card.

Vaccine	Type of Vaccine <sup>1</sup>	Date given (mo/day/yr)	Funding source (F,S,P) <sup>2</sup>	Route <sup>3</sup> & Site <sup>3</sup>	Vaccine		Vaccine Information Statement (VIS)		Vaccinator <sup>5</sup> (signature or initials & title)
					Lot #	Mfr.	Date on VIS <sup>4</sup>	Date given <sup>4</sup>	
<b>Tetanus, Diphtheria, Pertussis</b> (e.g., Td, Tdap) Give IM. <sup>3</sup>	Td	8/1/2002	P	IM/LA	U0376AA	AVP	6/10/94	8/1/02	JTA
	Td	9/1/2002	P	IM/LA	U0376AA	AVP	6/10/04	9/1/02	PWS
	Td	3/1/2003	P	IM/LA	U0376AA	AVP	6/10/94	3/1/03	TAA
	Tdap	6/14/2010	P	IM/LA	AC52B030AA	GSK	6/14/10	6/14/10	JTA
<b>Hepatitis A<sup>6</sup></b> (e.g., HepA, HepA-HepB) Give IM. <sup>3</sup>	HepA-HepB	8/1/2002	P	IM/RA	HAB239A4	GSK	8/25/98	8/1/02	JTA
	HepA-HepB	9/1/2002	P	IM/RA	HAB239A4	GSK	8/25/98	9/1/02	PWS
	HepA-HepB	3/1/2003	P	IM/RA	HAB239A4	GSK	8/25/98	3/1/03	TAA
<b>Hepatitis B<sup>6</sup></b> (e.g., HepB, HepA-HepB) Give IM. <sup>3</sup>	HepA-HepB	8/1/2002	P	IM/RA	HAB239A4	GSK	7/11/01	8/1/02	JTA
	HepA-HepB	9/1/2002	P	IM/RA	HAB239A4	GSK	7/11/01	9/1/02	PWS
	HepA-HepB	3/1/2003	P	IM/RA	HAB239A4	GSK	7/11/01	3/1/03	TAA
<b>Human papillomavirus</b> (HPV2, HPV4) Give IM. <sup>3</sup>									
<b>Measles, Mumps, Rubella</b> (MMR) Give SC. <sup>3</sup>	MMR	8/1/2002	P	SC/RA	0025L	MRK	6/13/02	8/1/02	JTA
	MMR	11/1/2002	P	SC/RA	0025L	MRK	6/13/02	11/1/02	TAA
<b>Varicella</b> (VAR) Give SC. <sup>3</sup>	VAR	8/1/2002	P	SC/LA	0799M	MRK	12/16/98	8/1/02	JTA
	VAR	11/1/2002	P	SC/LA	0689M	MRK	12/16/98	11/1/02	TAA
<b>Pneumococcal</b> (e.g., PCV13, conjugate; PPSV23, polysaccharide) Give PCV13 IM. <sup>3</sup> Give PPSV23 IM or SC. <sup>3</sup>									
<b>Meningococcal</b> (e.g., MenACWY, conjugate; MPSV4, polysaccharide) Give MenACWY IM. <sup>3</sup> Give MPSV4 SC. <sup>3</sup>	Menveo	7/12/2010	P	IM/RA	28011	NOV	1/2/8/08	7/12/10	JTA

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