

Vaccine Administration Record

Clinic Name/Address

Patient Name _____

Date of Birth _____

Vaccine administrator: Make sure you give the parent/guardian all appropriate Vaccine Information Statements (VIS) and update shot record at every visit.

Vaccines (circle type and route)	Date Given	Site (LA, RA LT, RT)	Vaccine Manufacturer	Vaccine Lot #	VIS Date *	Vaccine Administrator**	Parent** VIS Received
DTaP . DT . Td 1 (IM)							
DTaP . DT . Td 2 (IM)							
DTaP . DT . Td 3 (IM)							
DTaP . DT . Td 4 (IM)							
DTaP . DT . Td 5 (IM)							
Td booster (IM)							
Hib 1 (IM)							
Hib 2 (IM)							
Hib 3 (IM)							
Hib 4 (IM)							
Hib/HepB 1 (IM)							
Hib/HepB 2 (IM)							
Hib/HepB 3 (IM)							
Hep B 1 _____mcg (IM)							
Hep B 2 _____mcg (IM)							
Hep B 3 _____mcg (IM)							
IPV 1 (SQ/IM)							
IPV 2 (SQ/IM)							
IPV 3 (SQ/IM)							
IPV 4 (SQ/IM)							
PCV 1 (IM)							
PCV 2 (IM)							
PCV 3 (IM)							
PCV 4 (IM)							
MMR 1 (SQ)							
MMR 2 (SQ)							
Varicella 1 (SQ)							
Varicella 2 (≥13 Y) (SQ)							
Chickenpox Hx							
Hep A 1 (IM)							
Hep A 2 (IM)							

See reverse side for other recommended vaccinations/PPD results

* Each VIS is identified by a date at the bottom. Record the VIS identification date in this column

**Initials	Vaccine Administrator Signature/Title	**Initials	Parent/Guardian Signature

Developed
by the
Immunization
Project

