



# Pediatric Immunization Record

Last name: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Mother's maiden name: \_\_\_\_\_

Clinic name and address: \_\_\_\_\_

<sup>1</sup> This information is required by federal law.  
<sup>2</sup> Give Vaccine Information Statement (VIS) to vaccinee, parent, or authorized representative for each routinely recommended vaccine.

| Vaccine                           | Type of vaccine | Date given <sup>1</sup><br>MO/DAY/YR | Mfr <sup>1</sup><br>(see back) | Lot# <sup>1</sup> | Route     | Site<br>RA/LA/LT/RT | Dosage | Signature and title of vaccine administrator <sup>1</sup> | Date on bottom<br>of VIS <sup>1</sup> | Date VIS given to<br>patient <sup>1,2</sup> | Hx of vaccine<br>reaction (✓) | Given elsewhere<br>(✓) |
|-----------------------------------|-----------------|--------------------------------------|--------------------------------|-------------------|-----------|---------------------|--------|-----------------------------------------------------------|---------------------------------------|---------------------------------------------|-------------------------------|------------------------|
| Diphtheria, Tetanus,<br>Pertussis |                 | 1                                    |                                |                   | IM        |                     |        |                                                           |                                       |                                             |                               |                        |
|                                   |                 | 2                                    |                                |                   | IM        |                     |        |                                                           |                                       |                                             |                               |                        |
|                                   |                 | 3                                    |                                |                   | IM        |                     |        |                                                           |                                       |                                             |                               |                        |
|                                   |                 | 4                                    |                                |                   | IM        |                     |        |                                                           |                                       |                                             |                               |                        |
|                                   |                 | 5                                    |                                |                   | IM        |                     |        |                                                           |                                       |                                             |                               |                        |
| Polio                             |                 | 1                                    |                                |                   | IM • SC   |                     |        |                                                           |                                       |                                             |                               |                        |
|                                   |                 | 2                                    |                                |                   | IM • SC   |                     |        |                                                           |                                       |                                             |                               |                        |
|                                   |                 | 3                                    |                                |                   | IM • SC   |                     |        |                                                           |                                       |                                             |                               |                        |
|                                   |                 | 4                                    |                                |                   | IM • SC   |                     |        |                                                           |                                       |                                             |                               |                        |
|                                   |                 |                                      |                                |                   | IM • SC   |                     |        |                                                           |                                       |                                             |                               |                        |
| Measles, Mumps, Rubella           |                 | 1                                    |                                |                   | SC        |                     |        |                                                           |                                       |                                             |                               |                        |
|                                   |                 | 2                                    |                                |                   | SC        |                     |        |                                                           |                                       |                                             |                               |                        |
| Haemophilus<br>influenzae type B  |                 | 1                                    |                                |                   | IM        |                     |        |                                                           |                                       |                                             |                               |                        |
|                                   |                 | 2                                    |                                |                   | IM        |                     |        |                                                           |                                       |                                             |                               |                        |
|                                   |                 | 3                                    |                                |                   | IM        |                     |        |                                                           |                                       |                                             |                               |                        |
|                                   |                 | 4                                    |                                |                   | IM        |                     |        |                                                           |                                       |                                             |                               |                        |
| Hepatitis A                       |                 | 1                                    |                                |                   | IM        |                     |        |                                                           |                                       |                                             |                               |                        |
|                                   |                 | 2                                    |                                |                   | IM        |                     |        |                                                           |                                       |                                             |                               |                        |
| Hepatitis B                       |                 | 1                                    |                                |                   | IM        |                     |        |                                                           |                                       |                                             |                               |                        |
|                                   |                 | 2                                    |                                |                   | IM        |                     |        |                                                           |                                       |                                             |                               |                        |
|                                   |                 | 3                                    |                                |                   | IM        |                     |        |                                                           |                                       |                                             |                               |                        |
|                                   |                 |                                      |                                |                   | IM        |                     |        |                                                           |                                       |                                             |                               |                        |
| Human Papillomavirus              |                 | 1                                    |                                |                   | IM        |                     |        |                                                           |                                       |                                             |                               |                        |
|                                   |                 | 2                                    |                                |                   | IM        |                     |        |                                                           |                                       |                                             |                               |                        |
|                                   |                 | 3                                    |                                |                   | IM        |                     |        |                                                           |                                       |                                             |                               |                        |
| Varicella                         |                 | 1                                    |                                |                   | SC        |                     |        |                                                           |                                       |                                             |                               |                        |
|                                   |                 | 2                                    |                                |                   | SC        |                     |        |                                                           |                                       |                                             |                               |                        |
| Pneumococcal                      |                 | 1                                    |                                |                   | IM        |                     |        |                                                           |                                       |                                             |                               |                        |
|                                   |                 | 2                                    |                                |                   | IM        |                     |        |                                                           |                                       |                                             |                               |                        |
|                                   |                 | 3                                    |                                |                   | IM        |                     |        |                                                           |                                       |                                             |                               |                        |
|                                   |                 | 4                                    |                                |                   | IM        |                     |        |                                                           |                                       |                                             |                               |                        |
|                                   |                 |                                      |                                |                   | IM • SC   |                     |        |                                                           |                                       |                                             |                               |                        |
|                                   |                 |                                      |                                |                   | IM • SC   |                     |        |                                                           |                                       |                                             |                               |                        |
| Influenza                         |                 |                                      |                                |                   | IM•ITN•ID |                     |        |                                                           |                                       |                                             |                               |                        |
|                                   |                 |                                      |                                |                   | IM•ITN•ID |                     |        |                                                           |                                       |                                             |                               |                        |
|                                   |                 |                                      |                                |                   | IM•ITN•ID |                     |        |                                                           |                                       |                                             |                               |                        |
| Meningococcal                     |                 | 1                                    |                                |                   | IM • SC   |                     |        |                                                           |                                       |                                             |                               |                        |
|                                   |                 | 2                                    |                                |                   | IM • SC   |                     |        |                                                           |                                       |                                             |                               |                        |
| Rotavirus                         |                 | 1                                    |                                |                   | PO        |                     |        |                                                           |                                       |                                             |                               |                        |
|                                   |                 | 2                                    |                                |                   | PO        |                     |        |                                                           |                                       |                                             |                               |                        |
|                                   |                 | 3                                    |                                |                   | PO        |                     |        |                                                           |                                       |                                             |                               |                        |

# How to use MDH's Pediatric Immunization Record form

## Make this record easily accessible

Keep each patient's immunization record where you can easily review it during each office visit (e.g., the front inside cover of the patient's medical chart).

## Patient behind schedule?

Flag the record if the patient is behind on recommended immunizations.

## Record type of vaccine

Be sure to indicate the type of vaccine you gave. This is especially important when you give DT-pediatric rather than DTaP since children who receive DT-pediatric will be at higher risk of pertussis disease if there is a pertussis outbreak in the community.

## What information is required by federal law?

You are required by federal law to record the following information as part of the National Childhood Vaccine Injury Act:

- Manufacturer and lot number of vaccine given.
- Date vaccine given.
- Date of publication of the Vaccine Information Statement (VIS) and the date the VIS was given to the vaccinee (or parent or legal representative of the minor child).
- Name, title, and address of the person who administered the vaccine.

Note: Federal and Minnesota laws do not require written informed consent. However, some clinics may have their own policy.

## How to record combination vaccines

Record a combination vaccine under each specific antigen that the vaccine contains. Use a hyphen between each antigen. Examples:

- TriHibit is DTaP-Hib. Record it under both DTaP and Hib.
- Comvax is Hep B-Hib. Record it under both Hepatitis B and Hib.
- Pediarix is DTaP-IPV-Hep B. Record it under DTaP, IPV, and Hepatitis B.

## How to record injection routes and sites

The most common routes for vaccination are intramuscular (IM) and subcutaneous (SC or SQ). Less frequent routes include oral (PO) and intranasal (ITN). If there is more than one choice for route, circle the route given. Sites for injections should be noted as to which limb and what side. These include right thigh (RT), left thigh (LT), right arm (RA), and left arm (LA).

## Hx of vaccine reaction (history of vaccine reaction)

If the patient has experienced a clinically significant or unexpected event after an immunization (even if there is uncertainty that the vaccine caused the event), place a ✓ in the "Hx of vaccine reaction" column. Provide more specifics about that event elsewhere in the patient's chart. Report vaccine reactions to the Vaccine Adverse Events Reporting System (<http://vaers.hhs.gov/index> or 800-822-7967).

## Transferring immunization information onto this form

Transfer vaccine information that patients receive at other clinics to this record. If you don't know all of the information, record at least the date (mo/day/yr) and type of vaccine. The responsibility for maintaining the federally required information is with the clinic that administered the vaccine. Be sure to place a ✓ in the "Given elsewhere" column. If a patient transfers to another clinic, provide a photocopy to the new clinic.

## Use the MIIC registry to record and find immunizations

If you're participating in the Minnesota Immunization Information Connection (MIIC), be sure to enter or submit data on new shots for this patient so it is available to others who may be giving subsequent doses. MIIC is located at <https://miic.health.state.mn.us>. If you are not yet participating, call 800-657-3970, or visit [www.health.state.mn.us/immunize](http://www.health.state.mn.us/immunize) (click on "MIIC Registry") to find out how to enroll.

## Manufacturers' codes

Use the codes listed in the chart below to indicate the manufacturer of the vaccine. These are the same codes used universally and by the Minnesota Immunization Information Connection (MIIC).

| Vaccine Manufacturer        | Code |
|-----------------------------|------|
| CSL Biotherapies            | CSL  |
| GlaxoSmithKline             | SKB  |
| ID Biomedical               | IDB  |
| Massachusetts Biologic Labs | MBL  |
| MedImmune, Inc.             | MED  |

| Vaccine Manufacturer | Code |
|----------------------|------|
| Merck & Co., Inc.    | MSD  |
| Novartis             | NOV  |
| Pfizer               | PFR  |
| sanofi pasteur Inc.  | PMC  |
| Wyeth Vaccines       | WAL  |

## Your patients need personal immunization record cards

Always update the patient's personal immunization record with information on the vaccines that you administered. If your clinic needs personal immunization record cards, order the MDH Gold Card by calling 800-657-3970, or 651-201-5503, or by filling out the order form at [www.health.state.mn.us/immunize](http://www.health.state.mn.us/immunize).



Immunization Program  
P.O. Box 64975  
St. Paul, MN 55164-0975  
651-201-5503 or 1-800-657-3970  
[www.health.state.mn.us/immunize](http://www.health.state.mn.us/immunize)