

Vaccine Administration Record for Children and Teens

Patient name _____

Birthdate _____ Chart number _____

PRACTICE NAME AND ADDRESS

Before administering any vaccines, give copies of all pertinent Vaccine Information Statements (VISs) to the child's parent or legal representative 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 ¹	Date vaccine given (mo/day/yr)	Funding Source (F,S,P) ²	Site ³	Vaccine		Vaccine Information Statement (VIS)		Vaccinator ⁵ (signature or initials and title)
					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Hepatitis B⁶ (e.g., HepB, Hib-HepB, DTaP-HepB-IPV) Give IM. ⁷									
Diphtheria, Tetanus, Pertussis⁶ (e.g., DTaP, DTaP/Hib, DTaP-HepB-IPV, DT, DTaP-IPV/Hib, DTaP-IPV, Tdap, Td) Give IM. ⁷									
Haemophilus influenzae type b⁶ (e.g., Hib, Hib-HepB, DTaP-IPV/Hib, DTaP/Hib, Hib-MenCY) Give IM. ⁷									
Polio⁶ (e.g., IPV, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV) Give IPV Subcut or IM. ⁷ Give all others IM. ⁷									
Pneumococcal (e.g., PCV7, PCV13, conjugate; PPSV23, polysaccharide) Give PCV IM. ⁷ Give PPSV Subcut or IM. ⁷									
Rotavirus (RV1, RV5) Give orally (po).									

► See page 2 to record measles-mumps-rubella, varicella, hepatitis A, meningococcal, HPV, influenza, 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 site where vaccine was administered as either RA (right arm), LA (left arm), RT (right thigh), LT (left thigh), or NAS (intranasal).
- 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.
- IM is the abbreviation for intramuscular; Subcut is the abbreviation for subcutaneous.

Abbreviation	Trade Name and Manufacturer
DTaP	Daptacel (Sanofi Pasteur); Infanrix (GlaxoSmithKline [GSK]); Tripedia (Sanofi Pasteur)
DT (pediatric)	Generic (Sanofi Pasteur)
DTaP-HepB-IPV	Pediarix (GSK)
DTaP-IPV/Hib	Pentacel (Sanofi Pasteur)
DTaP-IPV	Kinrix (GSK); Quadracel (Sanofi Pasteur)
HepB	Engerix-B (GSK); Recombivax HB (Merck)
HepA-HepB	Twinrix (GSK); can be given to teens age 18 and older
Hib	ActHIB (Sanofi Pasteur); Hiberix (GSK); PedvaxHIB (Merck)
Hib-MenCY	MenHibrix (GSK)
IPV	Ipol (Sanofi Pasteur)
PCV13	Prenar 13 (Pfizer)
PPSV23	Pneumovax 23 (Merck)
RV1	Rotarix (GSK)
RV5	RotaTeq (Merck)
Tdap	Adacel (Sanofi Pasteur); Boostrix (GSK)
Td	Decavac, Tenivac (Sanofi Pasteur); Generic (MA Biological Labs)

Technical content reviewed by the Centers for Disease Control and Prevention

Vaccine Administration Record for Children and Teens (continued)

Patient name _____

Birthdate _____ Chart number _____

Before administering any vaccines, give copies of all pertinent Vaccine Information Statements (VISs) to the child's parent or legal representative and make sure he/she understands the risks and benefits of the vaccine(s). Always provide or update the patient's personal record card.

PRACTICE NAME AND ADDRESS

Vaccine	Type of Vaccine ¹	Date vaccine given (mo/day/yr)	Funding Source (F,S,P) ²	Site ³	Vaccine		Vaccine Information Statement (VIS)		Vaccinator ⁵ (signature or initials and title)
					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Measles, Mumps, Rubella⁶ (e.g., MMR, MMRV) Give Subcut. ⁷									
Varicella⁶ (e.g., VAR, MMRV) Give Subcut. ⁷									
Hepatitis A (HepA) Give IM. ⁷									
Meningococcal ACWY; CY (e.g., MenACWY [MCV4]; Hib-MenCY) Give MenACWY and Hib-MenCY IM. ⁷									
Meningococcal B (e.g., MenB) Give MenB IM. ⁷									
Human papillomavirus (e.g., HPV2, HPV4, HPV9) Give IM. ⁷									
Influenza (e.g., IIV3, IIV4, ccIIV3, RIV3, LAIV4) Give IIV3, IIV4, ccIIV3, and RIV3 IM. ⁷ Give LAIV4 NAS. ⁷									
Other									

► See page 1 to record hepatitis B, diphtheria, tetanus, pertussis, *Haemophilus influenzae* type b, polio, pneumococcal, and rotavirus 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 site where vaccine was administered as either RA (right arm), LA (left arm), RT (right thigh), LT (left thigh), or NAS (intranasal).
- 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.
- IM is the abbreviation for intramuscular; Subcut is the abbreviation for subcutaneous.

Abbreviation	Trade Name and Manufacturer
MMR	MMRII (Merck)
VAR	Varivax (Merck)
MMRV	ProQuad (Merck)
HepA	Havrix (GlaxoSmithKline [GSK]); Vaqta (Merck)
HepA-HepB	Twinrix (GSK)
HPV2	Cervarix (GSK)
HPV4, HPV9	Gardasil, Gardasil 9 (Merck)
LAIV4 (live attenuated influenza vaccine, quadrivalent)	FluMist (MedImmune)
IIV3 (inactivated influenza vaccine, trivalent), IIV4 (inactivated influenza vaccine, quadrivalent), ccIIV3 (cell culture-based inactivated influenza vaccine, trivalent), RIV3 (inactivated recombinant influenza vaccine, trivalent)	Fluarix (GSK); Flublok (Protein Sciences Corp.); Afluria, Flud, Flucelvax, Fluvirin (Seqirus); FluLaval (GSK); Fluzone (Sanofi Pasteur)
MenACWY	Menactra (Sanofi Pasteur); Menveo (GSK)
HibMenCY	MenHibrix (GSK)
MenB	Bexsero (GSK); Trumenba (Pfizer)

Vaccine Administration Record for Children and Teens

Patient name Samantha Jo Swenson
 Birthdate 6/1/2010 Chart number _____

Before administering any vaccines, give copies of all pertinent Vaccine Information Statements (VISs) to the child's parent or legal representative and make sure he/she understands the risks and benefits of the vaccine(s). Always provide or update the patient's personal record card.

PRACTICE NAME AND ADDRESS

Metropolitan Pediatrics
 6547 Grand Avenue
 Big City, AB 35791

Vaccine	Type of Vaccine ¹	Date vaccine given (mo/day/yr)	Funding Source (F,S,P) ²	Site ³	Vaccine		Vaccine Information Statement (VIS)		Vaccinator ⁵ (signature or initials and title)
					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Hepatitis B⁶ (e.g., HepB, Hib-HepB, DTaP-HepB-IPV) Give IM. ⁷	HepB	6/2/2010	P	IM/RT	0651M	MRK	7/18/07	6/2/2010	JTA
	Pediarix	8/2/2010	F	IM/RT	635A1	GSK	7/18/07	8/2/2010	DCP
	Pediarix	10/2/2010	F	IM/RT	712A2	GSK	7/18/07	10/2/2010	DCP
	Pediarix	12/2/2010	F	IM/RT	712A2	GSK	7/18/07	12/2/2010	DLW
Diphtheria, Tetanus, Pertussis⁶ (e.g., DTaP, DTaP/Hib, DTaP-HepB-IPV, DT, DTaP-IPV/Hib, DTaP-IPV, Tdap, Td) Give IM. ⁷	Pediarix	8/2/2010	F	IM/RT	635A1	GSK	5/17/07	8/2/2010	DCP
	Pediarix	10/2/2010	F	IM/RT	712A2	GSK	5/17/07	10/2/2010	DCP
	Pediarix	12/2/2010	F	IM/RT	712A2	GSK	5/17/07	12/2/2010	DLW
	DTaP	9/2/2011	F	IM/RT	365922	PMC	5/17/07	9/2/2010	RLV
	DTaP	8/2/2015	F	IM/RA	376912	PMC	5/17/07	8/2/2015	JTA
Haemophilus influenzae type b⁶ (e.g., Hib, Hib-HepB, DTaP-IPV/Hib, DTaP/Hib, Hib-MenCY) Give IM. ⁷	Hib	8/2/2010	F	IM/RT	1492L	MSD	12/16/98	8/2/2010	DCP
	Hib	10/2/2010	F	IM/RT	1492L	MSD	12/16/98	10/2/2010	DCP
	Hib	12/2/2010	F	IM/RT	1492L	MSD	12/16/98	12/2/2010	DLW
	Hib	9/2/2011	F	IM/LT	1543L	MSD	12/16/98	9/2/2011	RLV
Polio⁶ (e.g., IPV, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV) Give IPV Subcut or IM. ⁷ Give all others IM. ⁷	Pediarix	8/2/2010	F	IM/RT	635A1	GSK	1/1/00	8/2/2010	DCP
	Pediarix	10/2/2010	F	IM/RT	712A2	GSK	1/1/00	10/2/2010	DCP
	Pediarix	12/2/2010	F	IM/RT	712A2	GSK	1/1/00	12/2/2010	DLW
	IPV	8/2/2015	F	IM/LA	U4569-8	PMC	11/8/11	8/2/2015	RLV
Pneumococcal (e.g., PCV7, PCV13, conjugate; PPSV23, polysaccharide) Give PCV IM. ⁷ Give PPSV Subcut or IM. ⁷	PCV13	8/2/2010	F	IM/LT	7-5095-05A	WYE	4/16/10	8/2/2010	DCP
	PCV13	10/2/2010	F	IM/LT	7-5095-05A	WYE	4/16/10	10/2/2010	DCP
	PCV13	12/2/2010	F	IM/LT	7-5095-05A	WYE	4/16/10	12/2/2010	DLW
	PCV13	9/2/2011	F	IM/LT	7-5095-05A	WYE	4/16/10	9/2/2010	RLV
Rotavirus (RV1, RV5) Give orally (po).	RV5	8/2/2010	F	PO	05849	MSD	5/14/10	8/2/2010	DCP
	RotaTeq	10/2/2010	F	PO	05849	MSD	5/14/10	10/2/2010	DCP
	RotaTeq	12/2/2010	F	PO	05849	MSD	5/14/10	12/2/2010	DLW

► See page 2 to record measles-mumps-rubella, varicella, hepatitis A, meningococcal, HPV, influenza, and other vaccines (e.g., travel vaccines).

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DTaP-IPV	Kinrix (GSK); Quadracel (Sanofi Pasteur)
HepB	Engerix-B (GSK); Recombivax HB (Merck)
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Hib-MenCY	MenHibrix (GSK)
IPV	Ipol (Sanofi Pasteur)
PCV13	Prevnar 13 (Pfizer)
PPSV23	Pneumovax 23 (Merck)
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Technical content reviewed by the Centers for Disease Control and Prevention

Vaccine Administration Record for Children and Teens (continued)

Patient name Samantha Jo SwensonBirthdate 6/1/2010

Chart number _____

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					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Measles, Mumps, Rubella ⁶ (e.g., MMR, MMRV) Give Subcut. ⁷	MMRV	7/2/2011	F	Subcut/RA	0857M	MSD	5/21/10	7/2/2010	DLW
	MMRV	8/2/2015	F	Subcut/LA	0522F	MSD	5/21/10	8/2/2015	DCP
Varicella ⁶ (e.g., VAR, MMRV) Give Subcut. ⁷	MMRV	7/2/2011	F	Subcut/RA	0857M	MSD	5/21/10	7/2/2010	DLW
	MMRV	8/2/2015	F	Subcut/LA	0522F	MSD	5/21/10	8/2/2015	DCP
Hepatitis A (HepA) Give IM. ⁷	Havrix	7/2/2011	F	IM/LA	AHAVB944	GSK	3/21/06	7/2/2010	DLW
	Vaqta	1/5/2012	F	IM/LA	0634K	MSD	3/21/06	1/5/2011	TAA
Meningococcal ACWY; CY (e.g., MenACWY [MCV4]; Hib-MenCY) Give MenACWY and Hib-MenCY IM. ⁷									
Meningococcal B (e.g., MenB) Give MenB IM. ⁷									
Human papillomavirus (e.g., HPV2, HPV4, HPV9) Give IM. ⁷									
Influenza (e.g., IIV3, IIV4, cIIIV3, RIV3, LAIV4) Give IIV3, IIV4, cIIIV3, and RIV3 IM. ⁷ Give LAIV4 NAS. ⁷	Fluzone	12/2/2010	F	IM/LT	U097543	PMC	8/10/10	12/1/2010	DLW
	Fluzone	1/5/2011	F	IM/LT	U097543	PMC	8/10/10	1/5/2011	JTA
	IIV3	9/15/2011	F	IM/RT	U068954	PMC	7/26/11	9/15/2011	TAA
	LAIV3	9/2/2012	F	NAS	500491P	MED	7/2/2012	9/10/2012	RLV
	FluMist	9/15/2013	F	NAS	65431P	MED	7/26/2013	9/15/2013	JTA
	Fluarix (IIV4)	10/1/2014	F	IM/RT	J5G53	GSK	8/19/2014	10/1/2014	DCP
	LAIV4	9/10/2015	F	NAS	78591P	MED	8/7/2015	9/10/2015	DLW
Other									

► See page 1 to record hepatitis B, diphtheria, tetanus, pertussis, *Haemophilus influenzae* type b, polio, pneumococcal, and rotavirus vaccines.

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HPV2	Cervarix (GSK)
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LAIV4 (live attenuated influenza vaccine, quadrivalent)	FluMist (MedImmune)
IIV3 (inactivated influenza vaccine, trivalent), IIV4 (inactivated influenza vaccine, quadrivalent), cIIIV3 (cell culture-based inactivated influenza vaccine, trivalent), RIV3 (inactivated recombinant influenza vaccine, trivalent)	Fluarix (GSK); Flublok (Protein Sciences Corp.); Afluria, Flud, Flucelvax, Fluvirin (Seqirus); FluLaval (GSK); Fluzone (Sanofi Pasteur)
MenACWY	Menactra (Sanofi Pasteur); Menveo (GSK)
HibMenCY	MenHibrix (GSK)
MenB	Bexsero (GSK); Trumenba (Pfizer)