

VACCINE ADMINISTRATION RECORD

I have read or have had explained to me the information on the Vaccine Information Statements for the immunizations listed below. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of these immunizations and request that the vaccine checked below be given to me or the person named below for whom I am authorized to make this request.

I hereby affirm that I am the person that I represent myself to be and that I stand in the relationship to the client as I have indicated.

Signature of person to receive vaccine or person authorized to make the request (parent or guardian):

➔ _____ Relationship to Child: _____ Date: _____

Identification Checked By _____ (Initials)

Information about person to receive vaccine (please print)

Name:	Last	First	M.I.	Sex F M	Birth date	Age
Address:	Street	City	County	State	Zip	

Clinic ID: _____

Date Vaccinated: _____

GIVEN	VACCINE	MANUFACTURER/ EXPERATION DATE	LOT NUMBER	SITE/RT	DOSE	RN NAME
	DTaP					
	Td OR Tdap Boostrix 10-18 Adacel 19-64					
	Dtap/IPV/HepB					
	Dtap/IPV					
	Hib					
	IPV					
	Prevnar					
	Hep B or Hep A					
	MMR or MMRV					
	Varicella (Chicken Pox)					
	Rotavirus					
	Menomune 2-10, > 55 Menactra 11-55					
	Human Papilloma Virus (HPV)					
	Other:					

<input type="checkbox"/>	Tetanus and Diptheria (Td) 02/04/2014
<input type="checkbox"/>	Tdap – Boostrix – Adacel 05/09/2013
<input type="checkbox"/>	Baby’s First Vaccines 09/16/2012
<input type="checkbox"/>	Hepatitis A 10/25/2011
<input type="checkbox"/>	Hepatitis B (HBVAX) 02/02/2012
<input type="checkbox"/>	Human Papillomavirus 05/17/2013

OR

<input type="checkbox"/>	Measles/Mumps, Rubella (MMR,Me,Mu,Ru,MR) 05/21/2010
<input type="checkbox"/>	Meningitis (Menactra) 10/14/2011
<input type="checkbox"/>	Varicella 03/13/2008
<input type="checkbox"/>	Polio (IPV) 11/08/2011

<input type="checkbox"/>	Diptheria, Tetanus and Persussis (DTP,DTaP) 05-17-07
<input type="checkbox"/>	Prevnar 02/27/2013
<input type="checkbox"/>	Rotavirus 08/26/2013
<input type="checkbox"/>	Haemophilus influenzae type b (Hib) 02/04/2013