

VACCINE ADMINISTRATION RECORD

Vaccine	Date Given MM/DD/YY	Age	Site*	Amount and Route	Vaccine Manufacturer	Vaccine Lot Number	Vaccine Information Materials Publication Date	Initials of Indiv Administering the Vaccine	Initials of Parent or Guardian
DT DTP DTaP 1									
DT DTP DTaP 2									
DT DTP DTaP 3									
DT DTP DTaP 4									
DT DTP DTaP 5									
DTP-Hib 1									
DTP-Hib 2									
DTP-Hib 3									
DTP-Hib 4									
Hib 1									
Hib 2									
Hib 3									
Hib 4									
Hib 1-Hep B1									
Hib 2-Hep B2									
Hib 3-Hep B3									
Hep B1									
Hep B2									
Hep B3									
OPV 1 IPV 1									
OPV 2 IPV 2									
OPV 3 IPV 3									
OPV 4 IPV 4									
MMR 1									
MMR 2									
Td 1									
Td 2									
Varicella 1									
Varicella 2									

Influenza - Annually for Patients at High Risk:

Vaccine	Date Given MM/DD/YY	Age	Site*	Source of Vaccine (F, S, P)	Vaccine Manufacturer	Vaccine Lot Number	Vaccine Information Materials Publication Date	Initials of Indiv Administering the Vaccine	Initials of Parent or Guardian

Other Immunizations:

Vaccine	Date Given MM/DD/YY	Age	Site*	Amount and Route	Vaccine Manufacturer	Vaccine Lot Number	Vaccine Information Materials Publication Date	Initials of Indiv Administering the Vaccine	Initials of Parent or Guardian

Sensitivity Tests (Tuberculin, etc.)

Vaccine	Date Given MM/DD/YY	Age	Site*	Amount and Route	Vaccine Manufacturer	Vaccine Lot Number	Vaccine Information Materials Publication Date	Initials of Indiv Administering the Vaccine	Initials of Parent or Guardian

I have been provided a copy of the appropriate Centers for Disease Control and Prevention Vaccine Information Material(s) and have read, or have had explained to me, information about the diseases and vaccines listed. I have had a chance to ask questions and they were answered to my satisfaction. I believe I understand the benefits and risks of the vaccines cited, and ask that the vaccine(s) listed be given to me or to the person for whom I am authorized to make this request.

SIGNATURE OF PARENT OR GUARDIAN: _____