

# Vaccine Administration Record for Adults

Patient name \_\_\_\_\_

Birthdate \_\_\_\_\_ Chart number \_\_\_\_\_

PRACTICE NAME AND ADDRESS

Before administering any vaccines, give the patient copies of all pertinent Vaccine Information Statements (VISs) 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 <sup>1</sup>	Date vaccine given (mo/day/yr)	Funding Source (F,S,P) <sup>2</sup>	Route and Site <sup>3</sup>	Vaccine		Vaccine Information Statement (VIS)		Vaccinator <sup>5</sup> (signature or initials and title)
					Lot #	Mfr.	Date on VIS <sup>4</sup>	Date given <sup>4</sup>	
<b>Tetanus, Diphtheria, Pertussis</b> (e.g., Tdap, Td) Give IM. <sup>3</sup>									
<b>Hepatitis A<sup>6</sup></b> (e.g., HepA, HepA-HepB) Give IM. <sup>3</sup>									
<b>Hepatitis B<sup>6</sup></b> (e.g., HepB, HepA-HepB) Give IM. <sup>3</sup>									
<b>Human papillomavirus</b> (HPV2, HPV4, HPV9) Give IM. <sup>3</sup>									
<b>Measles, Mumps, Rubella</b> (MMR) Give Subcut. <sup>3</sup>									
<b>Varicella</b> (VAR) Give Subcut. <sup>3</sup>									
<b>Meningococcal ACWY</b> (e.g., MenACWY [MCV4], MPSV4) Give MenACWY IM. <sup>7</sup> Give MPSV4 Subcut. <sup>7</sup>									
<b>Meningococcal B</b> (e.g., MenB) Give MenB IM. <sup>7</sup>									

► See page 2 to record influenza, pneumococcal, zoster, Hib, 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 route by which the vaccine was given as either intramuscular (IM), subcutaneous (Subcut), intradermal (ID), intranasal (NAS), or oral (PO) and also the site where it was administered as either RA (right arm), LA (left arm), RT (right thigh), or LT (left thigh).
- 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.

Abbreviation	Trade Name and Manufacturer
Tdap	Adacel (Sanofi Pasteur); Boostrix (GlaxoSmithKline [GSK])
Td	Decavac, Tenivac (Sanofi Pasteur); generic Td (MA Biological Labs)
HepA	Havrix (GSK); Vaqta (Merck)
HepB	Engerix-B (GSK); Recombivax HB (Merck)
HepA-HepB	Twinrix (GSK)
HPV2	Cervarix (GSK)
HPV4, HPV5	Gardasil, Gardasil 9 (Merck)
MMR	MMRii (Merck)
VAR	Varivax (Merck)
MenACWY	Menactra (Sanofi Pasteur); Menveo (GSK)
MPSV4	Menomune (Sanofi Pasteur)
MenB	Bexsero (GSK); Trumenba (Pfizer)

Technical content reviewed by the Centers for Disease Control and Prevention

# Vaccine Administration Record for Adults (continued)

Patient name \_\_\_\_\_

Birthdate \_\_\_\_\_ Chart number \_\_\_\_\_

PRACTICE NAME AND ADDRESS

Before administering any vaccines, give the patient copies of all pertinent Vaccine Information Statements (VISs) 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 <sup>1</sup>	Date vaccine given (mo/day/yr)	Funding Source (F,S,P) <sup>2</sup>	Route <sup>3</sup> and Site <sup>3</sup>	Vaccine		Vaccine Information Statement (VIS)		Vaccinator <sup>5</sup> (signature or initials and title)
					Lot #	Mfr.	Date on VIS <sup>4</sup>	Date given <sup>4</sup>	
<b>Influenza</b> (e.g., IIV3, IIV4, ccIIV3, RIV3, LAIV4)  Give IIV3, IIV4, ccIIV3, and RIV3 IM. <sup>3</sup>  Give LAIV4 NAS. <sup>3</sup>									
<b>Pneumococcal conjugate</b> (e.g., PCV13) Give PCV13 IM. <sup>3</sup>									
<b>Pneumococcal polysaccharide</b> (e.g., PPSV23) Give PPSV23 IM or Subcut. <sup>3</sup>									
<b>Zoster (HZV)</b> Give Subcut. <sup>3</sup>									
<b>Hib</b> Give IM. <sup>3</sup>									
<b>Other</b>									

► See page 1 to record Tdap/Td, hepatitis A, hepatitis B, HPV, MMR, varicella, MenACWY, and MenB 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 route by which the vaccine was given as either intramuscular (IM), subcutaneous (Subcut), intradermal (ID), intranasal (NAS), or oral (PO) and also the site where it was administered as either RA (right arm), LA (left arm), RT (right thigh), or LT (left thigh).
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Abbreviation	Trade Name and Manufacturer
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, Fluad, Flucelvax, Fluvirin (Seqirus); FluLaval (GSK); Fluzone, Fluzone Intradermal, Fluzone High-Dose (Sanofi Pasteur)
LAIV (live attenuated influenza vaccine, quadrivalent)	FluMist (MedImmune)
PCV13	Prenar 13 (Pfizer)
PPSV23	Pneumovax 23 (Merck)
HZV (shingles)	Zostavax (Merck)
Hib	ActHIB (Sanofi Pasteur); Hiberix (GSK); PedvaxHib (Merck)

# Vaccine Administration Record for Adults

Patient name Mahamud Omar  
 Birthdate 5/31/1971 Chart number \_\_\_\_\_

**PRACTICE NAME AND ADDRESS**

Small Rural Clinic  
 135 County Road D  
 Small Town, CD 46902

Before administering any vaccines, give the patient copies of all pertinent Vaccine Information Statements (VISs) 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 <sup>1</sup>	Date vaccine given (mo/day/yr)	Funding Source (F,S,P) <sup>2</sup>	Route <sup>3</sup> and Site <sup>3</sup>	Vaccine		Vaccine Information Statement (VIS)		Vaccinator <sup>5</sup> (signature or initials and title)
					Lot #	Mfg	Date on VIS <sup>4</sup>	Date given <sup>4</sup>	
Tetanus, Diphtheria, Pertussis (e.g., Tdap, Td) Give IM. <sup>3</sup>	Td	8/1/2002	P	IM/LA	U0376AA	AVP	6/10/1994	8/1/2002	JTA
	Td	9/1/2002	P	IM/LA	U0376AA	AVP	6/10/1994	9/1/2002	RVO
	Td	3/1/2003	P	IM/LA	U0376AA	AVP	6/10/1994	3/1/2003	TAA
	Tdap	3/1/2015	P	IM/LA	AC52BC02AA	GSK	2/24/2015	3/1/2015	JA
Hepatitis A <sup>6</sup> (e.g., HepA, HepA-HepB) Give IM. <sup>3</sup>									
Hepatitis B <sup>6</sup> (e.g., HepB, HepA-HepB) Give IM. <sup>3</sup>									
Human papillomavirus (HPV2, HPV4, HPV9) Give IM. <sup>3</sup>									
Measles, Mumps, Rubella (MMR) Give Subcut. <sup>3</sup>	MMR	8/1/2002	P	Subcut/RA	0025L	MSD	6/13/2002	8/1/2002	JTA
	MMR	11/1/2002	P	Subcut/RA	0025L	MSD	6/13/2002	11/1/2002	TAA
Varicella (VAR) Give Subcut. <sup>3</sup>	VAR	8/1/2002	P	Subcut/LA	0799M	MSD	12/16/1998	8/1/2002	JTA
	VAR	11/1/2002	P	Subcut/LA	0689M	MSD	12/16/1998	11/1/2002	TAA
Meningococcal ACWY (e.g., MenACWY [MCV4], MPSV4) Give MenACWY IM. <sup>7</sup> Give MPSV4 Subcut. <sup>7</sup>	MenACWY	7/12/2011	P	IM/RA	M28011	NOV	1/2/2008	7/12/2011	LTB
	Menveo	7/15/2016	P	IM/LA	M12115	NOV	3/31/16	7/15/2016	RVO
Meningococcal B (e.g., MenB) Give MenB IM. <sup>7</sup>	MenB	1/14/2016	P	IM/LA	J296203	PFR	8/14/2015	1/14/2016	RVO
	Trumenba	3/15/2016	P	IM/LA	J296203	PFR	8/14/2015	3/15/2016	RVO
	Trumenba	7/15/2016	P	IM/RA	J296203	PFR	8/14/2015	7/15/2016	RVO

▶ See page 2 to record influenza, pneumococcal, zoster, Hib, and other vaccines (e.g., travel vaccines).

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HepA-HepB	Twinrix (GSK)
HPV2	Cervarix (GSK)
HPV4, HPV5	Gardasil, Gardasil 9 (Merck)
MMR	MMRII (Merck)
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MPSV4	Menomune (Sanofi Pasteur)
MenB	Bexsero (GSK); Trumenba (Pfizer)

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# Vaccine Administration Record for Adults (continued)

 Patient name Mahamud Omar  
 Birthdate 5/31/1971 Chart number \_\_\_\_\_

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PRACTICE NAME AND ADDRESS

Small Rural Clinic  
 135 County Road D  
 Small Town, CD 46902

Vaccine	Type of Vaccine <sup>1</sup>	Date vaccine given (mo/day/yr)	Funding Source (F,S,P) <sup>2</sup>	Route <sup>3</sup> and Site <sup>3</sup>	Vaccine		Vaccine Information Statement (VIS)		Vaccinator <sup>5</sup> (signature or initials and title)
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<b>Influenza</b> (e.g., IIV3, IIV4, ccIIV3, RIV3, LAIV4)  Give IIV3, IIV4, ccIIV3, and RIV3 IM. <sup>3</sup>  Give LAIV4 NAS. <sup>3</sup>	Flulaval	10/2/2009	F	IM/RA	2F600411	GSK	8/11/09	10/2/09	PWS
	H1N1	12/7/2009	P	IM/RA	10092224P	NOV	10/2/09	12/7/09	DLW
	Afluria	9/12/2010	P	IM/RA	06949111A	CSL	8/10/10	9/12/10	TAA
	Flulaval	10/1/2011	P	IM/LA	2F600411	GSK	8/10/11	10/1/11	JTA
	IIV3	9/5/2012	P	IM/RA	M50907	CSL	7/2/12	9/5/12	KKC
	RIV3	12/2/2013	P	IM/RA	350603F	PSC	7/26/13	12/2/13	DCP
	IIV4	10/5/2014	P	IM/RA	UI196AA	PMC	8/19/14	10/5/14	JTA
	IIV4	11/2/2015	P	IM/LA	111773P	NOV	8/7/15	11/2/15	DCP
<b>Pneumococcal conjugate</b> (e.g., PCV13) Give PCV13 IM. <sup>3</sup>	PCV13	11/1/2012	P	IM/LA	7-5096-06A	WYE	4/16/10	11/1/12	CJP
<b>Pneumococcal polysaccharide</b> (e.g., PPSV23) Give PPSV23 IM or Subcut. <sup>3</sup>	PPSV23	9/10/2011	P	IM/LA	663012/1163X	MSD	10/6/09	9/10/11	DLW
	PPSV23	9/15/2015	P	IM/LA	663860/1626X	MSD	4/24/15	9/15/15	TAA
<b>Zoster (HZV)</b> Give Subcut. <sup>3</sup>									
<b>Hib</b> Give IM. <sup>3</sup>	ActHIB	11/1/2014	P	IM/RA	D05561	PMC	2/4/14	11/1/14	MAT
<b>Other</b>									

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LAIV (live attenuated influenza vaccine, quadrivalent)	FluMist (MedImmune)
PCV13	Prevnar 13 (Pfizer)
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