

# 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 <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>Tetanus, Diphtheria, Pertussis</b> (e.g., Tdap, Td) Give IM. <sup>3</sup>									
<b>Hepatitis A</b> (e.g., HepA, HepA-HepB <sup>6</sup> ) Give IM. <sup>3</sup>									
<b>Hepatitis B<sup>1</sup></b> (e.g., Engerix-B, Recombi-vax HB, Heplisav-B, HepA-HepB <sup>6</sup> ) 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> (chickenpox, VAR) Give Subcut. <sup>3</sup>									
<b>Meningococcal ACWY</b> (e.g., MenACWY, MPSV4*) Give MenACWY IM. <sup>3</sup>									
<b>Meningococcal B</b> (e.g., MenB) Give MenB IM. <sup>3</sup>									

\*HPV2, HPV4, and MPSV4 vaccines are no longer available in the U.S., but should be included in patient records for historical purposes.

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

## How to Complete this Record

- With the exception of hepatitis B vaccines, record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine; for hepatitis B vaccines, record the trade name (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 [SC]), 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)
For hepatitis B, see footnote #1.	Engerix-B (GSK); Recombivax HB (Merck); Heplisav-B (Dynavax)
HepA-HepB	Twinrix (GSK)
HPV2*	Cervarix (GSK)
HPV4*, HPV9	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)

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# 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, ccIIV4, RIV3, RIV4, LAIV4)  Give IIV3, IIV4, ccIIV3, RIV3, and RIV4 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 (shingles)</b> Give RZV IM <sup>3</sup> Give ZVL 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 [SC]), 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.

Abbreviation	Trade Name and Manufacturer
IIV3/IIV4 (inactivated influenza vaccine, trivalent or quadrivalent); ccIIV4 (cell culture-based inactivated influenza vaccine, quadrivalent); RIV3/RIV4 (inactivated recombinant influenza vaccine, trivalent or quadrivalent)	Fluarix, FluLaval (GSK); Afluria, Flud, Flucelvax, Fluvirin (Seqirus); Flublok, Fluzone, Fluzone Intradermal, Fluzone High-Dose (Sanofi Pasteur)
LAIV (live attenuated influenza vaccine, quadrivalent)	FluMist (MedImmune)
PCV13	Prenar 13 (Pfizer)
PPSV23	Pneumovax 23 (Merck)
RZV (recombinant zoster vaccine) ZVL (zoster vaccine, live)	Shingrix, RZV (GSK); Zostavax, ZVL (Merck)
Hib	ActHIB (Sanofi Pasteur); Hiberix (GSK); PedvaxHib (Merck)

# Vaccine Administration Record for Adults

Patient name Mike SchultzBirthdate 5/31/1967 Chart number 010406

PRACTICE NAME AND ADDRESS

**Small Rural Clinic**  
135 County Road 42  
Smallville, IN 46902

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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>	
Tetanus, Diphtheria, Pertussis (e.g., Tdap, Td) Give IM. <sup>3</sup>	Td	8/1/02	P	IM/LA	U0376AA	AVP	6/10/94	8/1/02	JTA
	Td	9/1/02	P	IM/LA	U0376AA	AVP	6/10/94	9/1/02	RVO
	Td	3/1/03	P	IM/LA	U0376AA	AVP	3/1/03	3/1/03	TAA
	Tdap	3/1/15	P	IM/LA	AC52B009AA	GSK	2/24/15	3/1/15	JTA
Hepatitis A (e.g., HepA, HepA-HepB <sup>6</sup> ) Give IM. <sup>3</sup>									
Hepatitis B <sup>1</sup> (e.g., Engerix-B, Recombivax HB, Heplisav-B, HepA-HepB <sup>6</sup> ) Give IM. <sup>3</sup>	Heplisav-B	2/5/18	P	IM/LA	TDG007	DVX	7/20/16	2/5/18	TAA
	Heplisav-B	3/12/18	P	IM/LA	TDG007	DVX	7/20/16	3/12/18	TAA
Human papillomavirus (HPV2*, HPV4*, HPV9) Give IM. <sup>3</sup>									
Measles, Mumps, Rubella (MMR) Give Subcut. <sup>3</sup>	MMR	8/1/02	P	SC/RA	0025L	MSD	6/13/02	8/1/02	JTA
	MMR	11/1/02	P	SC/RA	0025L	MSD	6/13/02	11/1/02	TAA
Varicella (chickenpox, VAR) Give Subcut. <sup>3</sup>	VAR	8/1/02	P	SC/LA	0799M	MSD	12/16/98	8/1/02	JTA
	VAR	11/1/02	P	SC/LA	0799M	MSD	12/16/98	11/1/02	TAA
Meningococcal ACWY (e.g., MenACWY, MPSV4*) Give MenACWY IM. <sup>3</sup>	MenACWY	7/12/11	P	IM/RA	M28011	NOV	3/2/08	7/12/11	RVO
	Menveo	7/15/16	P	IM/LA	M12115	NOV	3/31/16	7/15/16	RVO
Meningococcal B (e.g., MenB) Give MenB IM. <sup>3</sup>	MenB	1/14/16	P	IM/LA	J296203	PFR	8/14/15	1/14/16	RVO
	Trumenba	9/15/16	P	IM/LA	J296203	PFR	8/14/15	9/15/16	RVO

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