

Vaccine Administration Record for Adults

Patient name: _____

Birthdate: _____

Chart number: _____

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). Update the patient's personal record card or provide a new one whenever you administer vaccine.

Vaccine	Type of Vaccine ¹ (generic abbreviation)	Date given (mo/day/yr)	Source (F,S,P) ²	Site ³	Vaccine		Vaccine Information Statement		Signature/ initials of vaccinator
					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Tetanus, Diphtheria, Pertussis (e.g., Td, Tdap) Give IM.									
Hepatitis A⁵ (e.g., HepA, HepA-HepB) Give IM.									
Hepatitis B⁵ (e.g., HepB, HepA-HepB) Give IM.									
Human papillomavirus (HPV) Give IM.									
Measles, Mumps, Rubella (MMR) Give SC.									
Varicella (Var) Give SC.									
Pneumococcal, polysaccharide (PPV) Give SC or IM.									
Meningococcal (e.g., MCV4, conjugate; MPSV4, polysaccharide) Give MCV4 IM. Give MPSV4 SC.									
Zoster (Zos) Give SC.									
Influenza (e.g., TIV, inactivated; LAIV, live, attenuated) Give TIV IM. Give LAIV IN.									
Other									
Other									

- Record the generic abbreviation for the type of vaccine given (e.g., PPV, HepA-HepB), *not* the trade name.
- Record the source of the vaccine given as either F (Federally-supported), S (State-supported), or P (supported by Private insurance or other Private funds).
- Record the site where vaccine was administered as either RA (Right Arm), LA (Left Arm), RT (Right Thigh), LT (Left Thigh), IN (Intranasal).
- Record the publication date of each VIS as well as the date it is given to the patient.
- For combination vaccines, fill in a row for each separate antigen in the combination.