

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 ¹	Date vaccine given (mo/day/yr)	Funding Source (F,S,P) ²	Route ³ and Site ³	Vaccine		Vaccine Information Statement (VIS)		Vaccinator ⁵ (signature or initials and title)
					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Tetanus, Diphtheria, Pertussis (e.g., Tdap, Td) Give IM. ³									
Hepatitis A (e.g., HepA, HepA-HepB ⁶) Give IM. ³									
Hepatitis B¹ (e.g., Engerix-B, Recombi-vax HB, Heplisav-B, HepA-HepB ⁶) Give IM. ³									
Human papillomavirus (HPV2*, HPV4*, HPV9) Give IM. ³									
Measles, Mumps, Rubella (MMR) Give Subcut. ³									
Varicella (chickenpox, VAR) Give Subcut. ³									
Meningococcal ACWY (e.g., MenACWY, MPSV4*) Give MenACWY IM. ³									
Meningococcal B (e.g., MenB) Give MenB IM. ³									

*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 _____

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.

PRACTICE NAME AND ADDRESS

Vaccine	Type of Vaccine ¹	Date vaccine given (mo/day/yr)	Funding Source (F,S,P) ²	Route ³ and Site ³	Vaccine		Vaccine Information Statement (VIS)		Vaccinator ⁵ (signature or initials and title)
					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Influenza (e.g., IIV3, IIV4, ccIIV4, RIV3, RIV4, LAIV4) Give IIV3, IIV4, ccIIV3, RIV3, and RIV4 IM. ³ Give LAIV4 NAS. ³									
Pneumococcal conjugate (e.g., PCV13) Give PCV13 IM. ³									
Pneumococcal polysaccharide (e.g., PPSV23) Give PPSV23 IM or Subcut. ³									
Zoster (shingles) Give RZV IM ³ Give ZVL Subcut ³									
Hib Give IM. ³									
Other									

► 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).
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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

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 ¹	Date vaccine given (mo/day/yr)	Funding Source (F,S,P) ²	Route ³ and Site ³	Vaccine		Vaccine Information Statement (VIS)		Vaccinator ⁵ (signature or initials and title)
					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Tetanus, Diphtheria, Pertussis (e.g., Tdap, Td) Give IM. ³	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 ⁶) Give IM. ³									
Hepatitis B ¹ (e.g., Engerix-B, Recombivax HB, Heplisav-B, HepA-HepB ⁶) Give IM. ³	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. ³									
Measles, Mumps, Rubella (MMR) Give Subcut. ³	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. ³	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. ³	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. ³	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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