

Vaccine Administration Record for Children and Teens

Patient name: _____

Birthdate: _____ Chart number: _____

Clinic name and address

Before administering any vaccines, give copies of all pertinent Vaccine Information Statements (VISs) to the child's parent or legal representative 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 given (mo/day/yr)	Funding Source (F,S,P) ²	Route & Site ³	Vaccine		Vaccine Information Statement (VIS)		Vaccinator ⁵ (signature or initials & title)
					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Hepatitis B⁶ (e.g., HepB, Hib-HepB, DTaP-HepB-IPV) Give IM. ³									
Diphtheria, Tetanus, Pertussis⁶ (e.g., DTaP, DTaP/Hib, DTaP-HepB-IPV, DT, DTaP-IPV/Hib, Tdap, DTaP-IPV, Td) Give IM. ³									
Haemophilus influenzae type b⁶ (e.g., Hib, Hib-HepB, DTaP-IPV/Hib, DTaP/Hib, Hib-MenCY) Give IM. ³									
Polio⁶ (e.g., IPV, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV) Give IPV SC or IM. ³ Give all others IM. ³									
Pneumococcal (e.g., PCV7, PCV13, conjugate; PPSV23, polysaccharide) Give PCV IM. ³ Give PPSV SC or IM. ³									
Rotavirus (RV1, RV5) Give orally (po). ³									

See page 2 to record measles-mumps-rubella, varicella, hepatitis A, meningococcal, HPV, influenza, 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 (SC), intradermal (ID), intranasal (IN), 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
DTaP	Daptacel (sanofi); Infanrix (GlaxoSmithKline [GSK]); Tripedia (sanofi pasteur)
DT (pediatric)	Generic DT (sanofi pasteur)
DTaP-HepB-IPV	Pediarix (GSK)
DTaP/Hib	TriHIBit (sanofi pasteur)
DTaP-IPV/Hib	Pentacel (sanofi pasteur)
DTaP-IPV	Kinrix (GSK)
HepB	Engerix-B (GSK); Recombivax HB (Merck)
HepA-HepB	Twinrix (GSK), can be given to teens age 18 and older
Hib	ActHIB (sanofi pasteur); Hiberix (GSK); PedvaxHIB (Merck)
Hib-HepB	Comvax (Merck)
Hib-MenCY	MenHibrix (GSK)
IPV	Ipol (sanofi pasteur)
PCV13	Prevnar 13 (Pfizer)
PPSV23	Pneumovax 23 (Merck)
RV1	Rotarix (GSK)
RV5	RotaTeq (Merck)
Tdap	Adacel (sanofi pasteur); Boostrix (GSK)
Td	Decavac (sanofi pasteur); Generic Td (MA Biological Labs)

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Vaccine	Type of Vaccine ¹	Date given (mo/day/yr)	Funding Source (F,S,P) ²	Route & Site ³	Vaccine		Vaccine Information Statement (VIS)		Vaccinator ⁵ (signature or initials & title)
					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Measles, Mumps, Rubella⁶ (e.g., MMR, MMRV) Give SC. ³									
Varicella⁶ (e.g., VAR, MMRV) Give SC. ³									
Hepatitis A⁶ (HepA) Give IM. ³									
Meningococcal (e.g., MenACWY-CRM; MenACWY-D; Hib-MenCY; MPSV4) Give MenACWY and Hib-MenCY IM ³ and give MPSV4 SC. ³									
Human papillomavirus⁶ (e.g., HPV2, HPV4) Give IM. ³									
Influenza (e.g., IIV3, trivalent inactivated; IIV4, quadrivalent inactivated; RIV, recombinant inactivated [for ages 18–49 yrs]; LAIV4, quadrivalent live attenuated) Give IIV and RIV IM. ³ Give LAIV IN. ³									
Other									

See page 1 to record hepatitis B, diphtheria, tetanus, pertussis, *Haemophilus influenzae* type b, polio, pneumococcal, and rotavirus 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 (SC), intradermal (ID), intranasal (IN), 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.
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- For combination vaccines, fill in a row for each antigen in the combination.

Abbreviation	Trade Name and Manufacturer
MMR	MMR11 (Merck)
VAR	Varivax (Merck)
MMRV	ProQuad (Merck)
HepA	Havrix (GlaxoSmithKline [GSK]); Vaqta (Merck)
HepA-HepB	Twinrix (GSK)
HPV2	Cervarix (GSK)
HPV4	Gardasil (Merck)
LAIV (Live attenuated influenza vaccine)	FluMist (MedImmune)
TIV (Trivalent inactivated influenza vaccine); RIV (Recombinant influenza vaccine)	Afluria (CSL Biotherapies); Agriflu (Novartis); Fluorix (GSK); Flublok (Protein Sciences Corp.); Flucelvax (Novartis); FluLaval (GSK); Fluvirin (Novartis); Fluzone, Fluzone Intradermal [for ages 18–64 yrs] (sanofi)
MCV4 or MenACWY, MenACWY-CRM, MenACWY-D, Hib-MenCY	MenACWY-D = Menactra (sanofi pasteur); MenACWY-CRM = Menveo (Novartis); Hib-MenCY (MenHibrix [GSK])
MPSV4	Menomune (sanofi pasteur)