

Vaccine Administration Record

Clinic Name & Address

Vaccines For Children (VFC) Eligibility Screening is required by federal mandate for individuals under 19 who receive state supplied vaccine

Circle # in VFC column to complete screening:

- 1= Medicaid/ Dr. Dynasaur**
- 2= Alaskan Native or Native American**
- 3= No Insurance**
- 4= Insurance other than Medicaid /Not VFC Eligible**

Patient Name: _____

Date of Birth: ____/____/____

By initialing next to each dose of vaccine administered, I acknowledge the following:

I have read or have had explained to me the information in the Vaccine Information Statement about the diseases and vaccines listed below. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine(s) and ask that the vaccine listed next to my initials be given to me (or to the person named above for whom I am authorized to make this request).

Parent/ Guardian Signature: _____

***** Route/Site Legend:** IM = Intramuscular SC = Subcutaneous PO = Oral
RA = Right Arm LA = Left Arm RT = Right Thigh LT = Left Thigh

| Vaccine Type | Date Vaccine Admin & VIS Given | VFC (circle one) | *** Route/Site (circle one) | Lot Number | Manufacturer | Vaccine Expiration Date | VIS Publication Date | Parents Initials | Vaccine Admin Signature |
|-------------------|--------------------------------|------------------|-----------------------------|------------|--------------|-------------------------|----------------------|------------------|-------------------------|
| DTaP-Hep B-IPV #1 | | 1 2 3 4 | IM / RT RA LT LA | | | | | | |
| DTaP-Hep B-IPV #2 | | 1 2 3 4 | IM / RT RA LT LA | | | | | | |
| DTaP-Hep B-IPV #3 | | 1 2 3 4 | IM / RT RA LT LA | | | | | | |
| DTaP-Hib-IPV #1 | | 1 2 3 4 | IM / RT RA LT LA | | | | | | |
| DTaP-Hib-IPV #2 | | 1 2 3 4 | IM / RT RA LT LA | | | | | | |
| DTaP-Hib-IPV #3 | | 1 2 3 4 | IM / RT RA LT LA | | | | | | |
| DTaP-Hib-IPV #4 | | 1 2 3 4 | IM / RT RA LT LA | | | | | | |
| Hib #1 | | 1 2 3 4 | IM / RT RA LT LA | | | | | | |
| Hib #2 | | 1 2 3 4 | IM / RT RA LT LA | | | | | | |
| Hib #3 | | 1 2 3 4 | IM / RT RA LT LA | | | | | | |
| Hib #4 | | 1 2 3 4 | IM / RT RA LT LA | | | | | | |
| PCV- #1 | | 1 2 3 4 | IM / RT RA LT LA | | | | | | |
| PCV- #2 | | 1 2 3 4 | IM / RT RA LT LA | | | | | | |
| PCV- #3 | | 1 2 3 4 | IM / RT RA LT LA | | | | | | |
| PCV- #4 | | 1 2 3 4 | IM / RT RA LT LA | | | | | | |
| DTaP / DT #1 | | 1 2 3 4 | IM / RT RA LT LA | | | | | | |
| DTaP / DT #2 | | 1 2 3 4 | IM / RT RA LT LA | | | | | | |
| DTaP / DT #3 | | 1 2 3 4 | IM / RT RA LT LA | | | | | | |
| DTaP / DT #4 | | 1 2 3 4 | IM / RT RA LT LA | | | | | | |
| DTaP / DT #5 | | 1 2 3 4 | IM / RT RA LT LA | | | | | | |
| IPV #1 | | 1 2 3 4 | IM SC / RT RA LT LA | | | | | | |
| IPV #2 | | 1 2 3 4 | IM SC / RT RA LT LA | | | | | | |
| IPV #3 | | 1 2 3 4 | IM SC / RT RA LT LA | | | | | | |
| IPV #4 | | 1 2 3 4 | IM SC / RT RA LT LA | | | | | | |
| Hep A #1 | | 1 2 3 4 | IM / RT RA LT LA | | | | | | |
| Hep A #2 | | 1 2 3 4 | IM / RT RA LT LA | | | | | | |

Vaccine Administration Record Continued

Patient Name: _____

Date of Birth: ____/____/____

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| Vaccine Type | Date Vaccine Admin & VIS Given | VFC (circle one) | *** Route/Site (circle one) | Lot Number | Manufacturer | Vaccine Expiration Date | VIS Publication Date | Parents Initials | Vaccine Admin Signature |
|---------------------------|--------------------------------|------------------|-----------------------------|------------|--------------|-------------------------|----------------------|------------------|-------------------------|
| Hep B (Birth Dose) | | | | | | | | | |
| Hep B # ____ | | 1 2 3 4 | IM / RT RA LT LA | | | | | | |
| Hep B # ____ | | 1 2 3 4 | IM / RT RA LT LA | | | | | | |
| Hep B # ____ | | 1 2 3 4 | IM / RT RA LT LA | | | | | | |
| Rotavirus | | | | | | | | | |
| Rotavirus #1 | | 1 2 3 4 | PO / RT RA LT LA | | | | | | |
| Rotavirus #2 | | 1 2 3 4 | PO / RT RA LT LA | | | | | | |
| Rotavirus #3 | | 1 2 3 4 | PO / RT RA LT LA | | | | | | |
| MMRV | | | | | | | | | |
| MMRV #1 | | 1 2 3 4 | SC / RT RA LT LA | | | | | | |
| MMRV #2 | | 1 2 3 4 | SC / RT RA LT LA | | | | | | |
| MMR | | | | | | | | | |
| MMR #1 | | 1 2 3 4 | SC / RT RA LT LA | | | | | | |
| MMR #2 | | 1 2 3 4 | SC / RT RA LT LA | | | | | | |
| Varicella | | | | | | | | | |
| Varicella #1 | | 1 2 3 4 | SC / RT RA LT LA | | | | | | |
| Varicella #2 | | 1 2 3 4 | SC / RT RA LT LA | | | | | | |
| Varicella Disease | Date: ____/____/____ | / / | History: | | | | | | |
| Tdap | | | | | | | | | |
| Tdap #1 | | 1 2 3 4 | IM / RT RA LT LA | | | | | | |
| Td | | | | | | | | | |
| Td #1 | | 1 2 3 4 | IM / RT RA LT LA | | | | | | |
| MCV4 | | | | | | | | | |
| MCV4 | | 1 2 3 4 | IM / RT RA LT LA | | | | | | |
| HPV | | | | | | | | | |
| HPV #1 | | 1 2 3 4 | IM / RT RA LT LA | | | | | | |
| HPV #2 | | 1 2 3 4 | IM / RT RA LT LA | | | | | | |
| HPV #3 | | 1 2 3 4 | IM / RT RA LT LA | | | | | | |
| Influenza | | | | | | | | | |
| Influenza | | 1 2 3 4 | IM / RT RA LT LA | | | | | | |
| Influenza | | 1 2 3 4 | IM / RT RA LT LA | | | | | | |
| Influenza | | 1 2 3 4 | IM / RT RA LT LA | | | | | | |
| Influenza | | 1 2 3 4 | IM / RT RA LT LA | | | | | | |
| Influenza | | 1 2 3 4 | IM / RT RA LT LA | | | | | | |
| Other Vaccines | | | | | | | | | |
| | | 1 2 3 4 | IM SC / RT RA LT LA | | | | | | |
| | | 1 2 3 4 | IM SC / RT RA LT LA | | | | | | |
| | | 1 2 3 4 | IM SC / RT RA LT LA | | | | | | |

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