Patient name:	
Birthdate:	Chart number:
Clinic 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 given	Funding source	IXOUTE	Vaccine		Vaccine Information Statement (VIS)		Vaccinator ⁵ (signature or
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(mo/day/yr)	(F,S,P) ²	& Site ³	Lot#	Mfr.	Date on VIS ⁴	Date given ⁴	initials & title)
Tetanus, Diphtheria, Pertussis									
(e.g., Td, Tdap) Give IM. ³									
Hepatitis A ⁶									
(e.g., HepA, HepA-HepB) Give IM. ³									
Hepatitis B ⁶ (e.g., HepB, HepA-HepB) Give IM. ³									
Human papillomavirus									
(HPV2, HPV4) Give IM. ³									
Measles, Mumps, Rubella (MMR) Give SC.3									
Varicella (VAR) Give SC. ³									
Pneumococcal (e.g., PCV13, conjugate;									
PPSV23, polysaccharide) Give PCV13 IM. ³ Give PPSV23 IM or SC. ³									
Meningococcal									
Meningococcal (e.g., MenACWY, conjugate; MPSV4, polysaccharide)									
Give MenACWY IM. ³ Give MPSV4 SC. ³									

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

- 1. Record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine (see table at right).
- 2. Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
- 3. 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).
- 4. Record the publication date of each VIS as well as the date the VIS is given to the patient.
- 5. 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.
- 6. 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 (sanofi pasteur); generic Td (MA Biological Labs)
НерА	Havrix (GSK); Vaqta (Merck)
НерВ	Engerix-B (GSK); Recombivax HB (Merck)
НерА-НерВ	Twinrix (GSK)
HPV2	Cervarix (GSK)
HPV4	Gardasil (Merck)
MMR	MMRII (Merck)
VAR	Varivax (Merck)
PCV13, PPSV23	Prevnar 13 (Pfizer); Pneumovax 23 (Merck)
MenACWY	Menactra (sanofi pasteur); Menveo (Novartis)
MPSV4	Menomune (sanofi pasteur)

Patient name:	
Birthdate:	Chart number:
Clinic 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 giveii	Funding Source	Source Source	Vaccine		Vaccine Information Statement (VIS)		Vaccinator ⁵ (signature or
74001110	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(mo/day/yr)	(F,S,P) ²		Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	initials & title)
Influenza									
(e.g., IIV3, trivalent inactivated;									
IIV4, quadrivalent inactivated;									
RIV, recombinant inac-									
tivated; LAIV4, quadrivalent live									
attenuated) Give IIV and RIV IM. ³									
Give LAIV IN. ³									
Hib Give IM. ³									
Zoster (Zos) Give SC.3									
Other									

See page 1 to record Tdap/Td, hepatitis A, hepatitis B, HPV, MMR, varicella, pneumococcal, and meningococcal vaccines.

- 1. 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).
- 3. 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).
- 4. Record the publication date of each VIS as well as the date the VIS is given to the patient.
- 5. 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
LAIV (Live attenuated influenza vaccine]	FluMist (MedImmune)
IIV (Inactivated influ- enza vaccine), RIV (recombinant influenza vaccine)	Afluria (CSL Biotherapies); Agriflu (Novartis); Fluarix (GSK); Flublok (Protein Sciences Corp.); Flucelvax (Novartis); FluLaval (GSK); Fluvin (Novartis); Fluzone, Fluzone Intradermal, Fluzone High-Dose (sanofi pasteur)
Hib	ActHIB (sanofi pasteur); Hiberix (GSK); PedvaxHib (Merck)
ZOS (shingles)	Zostavax (Merck)

Patient name: Mohammed Sharík

Birthdate: 4/14/1981 Chart number:

Clinic name and address Small Town Clinic

1st and Main Streets Anywhere, AB 12345

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 given	Funding source	Koule	Vaccine		Vaccine Information Statement (VIS)		Vaccinator ⁵ (signature or
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(mo/day/yr)	(F,S,P) ²	& Site ³	Lot#	Mfr.	Date on VIS ⁴	Date given ⁴	initials & title)
Tetanus,	Td	8/1/2002	P	IM/LA	U0376AA	AVP	6/10/94	8/1/02	JTA
Diphtheria, Pertussis (e.g., Td, Tdap)	Td	9/1/2002	P	IM/LA	U0376AA	AVP	6/10/04	9/1/02	PWS
Give IM. ³	Td	3/1/2003	P	IM/LA	U0376AA	AVP	6/10/94	3/1/03	TAA
	Tdap	6/14/2010	P	IM/LA	AC52B030AA	4SK	6/14/10	6/14/10	JTA
Hepatitis A ⁶	НерА-НерВ	8/1/2002	P	IM/RA	HAB239A4	GSK	8/25/98	8/1/02	JTA
(e.g., HepA, HepA-HepB) Give IM. ³	НерА-НерВ	9/1/2002	P	IM/RA	HAB239A4	GSK	8/25/98	9/1/02	PWS
GIVE IVI.	НерА-НерВ	3/1/2003	P	IM/RA	HAB239A4	GSK	8/25/98	3/1/03	TAA
Hepatitis B ⁶	НерА-НерВ	8/1/2002	P	IM/RA	HAB239A4	GSK	7/11/01	8/1/02	JTA
(e.g., HepB, HepA-HepB) Give IM. ³	НерА-НерВ	9/1/2002	P	IM/RA	HAB239A4	GSK	7/11/01	9/1/02	PWS
	НерА-НерВ	3/1/2003	P	IM/RA	HAB239A4	GSK	7/11/01	3/1/03	TAA
Human papillomavirus									
(HPV2, HPV4) Give IM. ³									
Measles, Mumps, Rubella	MMR	8/1/2002	P	SC/RA	0025L	MRK	6/13/02	8/1/02	JTA
(MMR) Give SC. ³	MMR	11/1/2002	P	SC/RA	0025L	MRK	6/13/02	11/1/02	TAA
Varicella	VAR	8/1/2002	P	SC/LA	0799M	MRK	12/16/98	8/1/02	JTA
(VAR) Give SC. ³	VAR	11/1/2002	P	SC/LA	0689M	MRK	12/16/98	11/1/02	TAA
Pneumococcal (e.g., PCV13, conjugate;									
PPSV23, polysaccharide)									
Give PCV13 IM. ³ Give PPSV23 IM or SC. ³									
31,0115 (25 II)1 01 5C.									
Meningococcal (e.g., MenACWY, conjugate; MPSV4, polysaccharide)	Menveo	7/12/2010	P	IM/RA	28011	NOV	1/2/8/08	7/12/10	JTA
Give MenACWY IM. ³ Give MPSV4 SC. ³									

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

- 1. Record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine (see table at right).
- 2. Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
- 3. 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).
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- 5. 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.
- 6. 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 (sanofi pasteur); generic Td (MA Biological Labs)
НерА	Havrix (GSK); Vaqta (Merck)
HepB	Engerix-B (GSK); Recombivax HB (Merck)
НерА-НерВ	Twinrix (GSK)
HPV2	Cervarix (GSK)
HPV4	Gardasil (Merck)
MMR	MMRII (Merck)
VAR	Varivax (Merck)
PCV13, PPSV23	Prevnar 13 (Pfizer); Pneumovax 23 (Merck)
MenACWY	Menactra (sanofi pasteur); Menveo (Novartis)
MPSV4	Menomune (sanofi pasteur)

Patient name: Mohammed Sharík

Birthdate: 4/14/1981 Chart number:

Clinic name and address Small Town Clinic 1st and Main Streets Anywhere, AB 12345

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 given	Funding Source	Route	Vaccine		Vaccine In Stateme		Vaccinator ⁵ (signature or
	Type of vaccine	(mo/day/yr)	(F,S,P) ²	& Site ³	Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	initials & title)
Influenza	TIV	11/1/2002	P	IM/RA	U088211	AVP	6/26/02	11/1/02	PWS
(e.g., IIV3, trivalent inactivated:	TIV	10/10/2003	P	IM/LA	и091145	AVP	5/6/03	10/10/03	DLW
IIV4, quadrivalent inac-	Fluzone	10/8/2004	P	IM/RA	N100461	AVP	5/24/04	10/8/04	TAA
tivated; RIV, recombinant inac-	TIV	12/12/2005	P	IM/LA	и2169МА	SPI	7/18/05	12/12/05	JTA
tivated; LAIV4, quadrivalent live	Fluvirin	10/9/2006	P	IM/LA	878771P	NOV	6/30/06	10/9/06	KKC
attenuated)	FluMíst	11/15/07	P	IN	500337P	MED	7/6/07	11/15/07	DCP
Give IIV and RIV IM. ³ Give LAIV IN. ³	Afluría	10/12/2008	P	IM/RA	06949111A	CSL	7/24/08	10/12/08	JTA
OIVE LAIV IN.	Flulaval	10/12/2009	P	IM/LA	2F600411	GSK	8/11/09	10/2/09	DCP
	H1N1	12/7/2009	P	IM/RA	1009224P	NOV	10/2/09	12/7/09	DLW
	Fluaríx	9/9/2010	P	IM/LA	J5G53	GSK	8/10/10	9/9/10	JRM
	Fluzone ID	10/10/2011	P	ID/LA	UT4720BA	PMC	7/26/11	10/10/11	CJP
	TIV	9/5/2012	P	IM/RA	M50907	CSL	7/2/12	9/5/12	DLW
	RIV	12/12/2013	P	IM/RA	350603F	PSC	7/26/13	12/12/13	JRM
						4			
Hib Give IM. ³									
Zoster (Zos) Give SC. ³									
Other	Oral typhoid	7/12/12X4	P	PO	TXE355	BER	5/29/12	7/12/12	MAT
				7					
							<u> </u>		

See page 1 to record Tdap/Td, hepatitis A, hepatitis B, HPV, MMR, varicella, pneumococcal, and meningococcal vaccines.

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Hib	ActHIB (sanofi pasteur); Hiberix (GSK); PedvaxHib (Merck)
ZOS (shingles)	Zostavax (Merck)