

Immunization Record and History

PATIENT NAME (Last Name, First Name, Middle Initial)			NUMBER
BIRTHDATE	<input type="checkbox"/> Male <input type="checkbox"/> Female	KNOWN REACTIONS TO VACCINES/ALLERGIES	PRACTICE NAME/ADDRESS
VACCINES FOR CHILDREN (VFC) ELIGIBILITY (check one)		Under-insured (insurance does not cover immunizations) May be vaccinated with VFC vaccines only at federally qualified and rural health centers	
<input type="checkbox"/> CHDP/Medi-Cal eligible	<input type="checkbox"/> No health insurance	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Not eligible

If a combination vaccine (e.g., DTaP+IPV+HepB or DTaP+IPV+Hib) is used, record dose in each section.

VACCINE	DOSE	DATE GIVEN*	TRADE NAME/MANUFACTURER AND LOT NUMBER	ADMINISTERED BY	SITE** VIS I.D.†	VACCINE	DOSE	DATE GIVEN*	TRADE NAME/MANUFACTURER AND LOT NUMBER	ADMINISTERED BY	SITE** VIS I.D.†
HepB	1				<i>IM</i>	PCV	1				<i>IM</i>
HepB	2				<i>IM</i>	PCV	2				<i>IM</i>
HepB	3				<i>IM</i>	PCV	3				<i>IM</i>
HepB					<i>IM</i>	PCV	4				<i>IM</i>
RV	1				<i>oral</i>	IPV	1				<i>IM or SC</i>
RV	2				<i>oral</i>	IPV	2				<i>IM or SC</i>
RV	3				<i>oral</i>	IPV	3				<i>IM or SC</i>
DTaP	1				<i>IM</i>	IPV	4				<i>IM or SC</i>
DTaP	2				<i>IM</i>	MMR	1				<i>SC</i>
DTaP	3				<i>IM</i>	MMR	2				<i>SC</i>
DTaP	4				<i>IM</i>	VAR	1				<i>SC</i>
DTaP	5				<i>IM</i>	VAR	2				<i>SC</i>
HIB	1				<i>IM</i>	HepA	1				<i>IM</i>
HIB	2				<i>IM</i>	HepA	2				<i>IM</i>
HIB	3				<i>IM</i>	Abbreviation Trade Name & Manufacturer DTaP Daptacel (sanofi); Infanrix (GlaxoSmithKline [GSK]); Tripedia (sanofi pasteur) DTaP-HepB-IPV Pediarix (GSK) DTaP-IPV/Hib Pentacel (sanofi pasteur) DTaP-IPV Kinrix (GSK) HepB Engerix-B (GSK); Recombivax HB (Merck) Hib ActHIB (sanofi pasteur); Hiberix (GSK); PedvaxHIB (Merck) IPV Ipol (sanofi pasteur) PCV13 Prevnar 13 (Pfizer) RV1 Rotarix (GSK) RV5 RotaTeq (Merck) Tdap Adacel (sanofi pasteur); Boostrix (GSK) MMR MMR11 (Merck) VAR Varivax (Merck) HepA Havrix (GlaxoSmithKline [GSK]); Vaqta (Merck)					
HIB	4				<i>IM</i>						

* **Date Given** is the date you gave the patient the Vaccine Information Statement (VIS) and you administered the vaccine.

** **Site:** Abbreviations are LD=left deltoid or left outer upper arm, LT=left thigh, RD=right deltoid or right outer upper arm, RT=right thigh. Proper route indicated by italics: IM=intramuscular, SC=subcutaneous.

† **VIS**—Vaccine Information Statement. Each VIS has an issue date in the lower corner; record the VIS issue date here. The VIS should be given to the patient/parent before each dose of vaccine is administered. Each VIS can be downloaded from www.immunize.org/vis.

Note: If you are recording a vaccine given elsewhere, record date dose was given, write in "elsewhere" or "transcribed" and name of provider.

Immunization Record and History, continued

VACCINE	DATE GIVEN*	TRADE NAME/MANUFACTURER AND LOT NUMBER	ADMINIS-TERED BY	SITE**	VACCINE	DOSE	DATE GIVEN*	TRADE NAME/MANUFACTURER AND LOT NUMBER	ADMINIS-TERED BY	SITE**
				VIS I.D.†						VIS I.D.†
TIV/LAIV (Flu)				IM/Nasal	HPV	1				IM
TIV/LAIV (Flu)				IM/Nasal	HPV	2				IM
TIV/LAIV (Flu)				IM/Nasal	HPV	3				IM
TIV/LAIV (Flu)				IM/Nasal	MCV	1				IM
TIV/LAIV (Flu)				IM/Nasal	MCV	2				IM
TIV/LAIV (Flu)				IM/Nasal	Tdap	1				IM
TIV/LAIV (Flu)				IM/Nasal	Tdap					IM
TIV/LAIV (Flu)				IM/Nasal	Tdap					IM
TIV/LAIV (Flu)				IM/Nasal						
TIV/LAIV (Flu)				IM/Nasal						
TIV/LAIV (Flu)				IM/Nasal						
TIV/LAIV (Flu)				IM/Nasal						
TIV/LAIV (Flu)				IM/Nasal						
TIV/LAIV (Flu)				IM/Nasal						
TIV/LAIV (Flu)				IM/Nasal						
TIV/LAIV (Flu)				IM/Nasal						
TIV/LAIV (Flu)				IM/Nasal						
TIV/LAIV (Flu)				IM/Nasal						
TIV/LAIV (Flu)				IM/Nasal						
TIV/LAIV (Flu)				IM/Nasal						
TIV/LAIV (Flu)				IM/Nasal						
TIV/LAIV (Flu)				IM/Nasal						

Abbreviation Trade Name & Manufacturer

HPV2 Cervarix (GSK)
HPV4 Gardasil (Merck)
LAIV (Live attenuated influenza vaccine) FluMist (MedImmune)
TIV (Trivalent inactivated influenza vaccine) Afluria (CSL Biotherapies); Agriflu (Novartis);
 Fluarix (GSK); FluLaval (GSK); Fluvirin (Novartis); Fluzone (sanofi)
MCV4 Menactra (sanofi pasteur); Menveo (Novartis)