VACCINE ADMINISTRATION RECORD FOR CHILDREN AND TEENS

State Form 52642 (4-06)
IMMUNIZATION PROGRAM

INSTRUCTIONS
1. *Before administering any vaccines, give the parent/guardian all appropriate copies of Vaccine Information Statements (VIS) and make sure they understand the risks and benefits of the vaccine(s).*
2. *Update the patient's personal immunization record card.*
3. *Record the generic abbreviation for the type of vaccine given (e.g.: DTaP-Hib, PCV), not the trade name.*
4. *Record the publication date of each VIS as well as the date it is given to the patient.*
5. *For combination vaccines, fill in a row for each separate antigen in the combination.*
6. *Give MCV4 via the IM route and MPSV4 via the SC route.*
7. *Give TIV via the IM route and LAIV intranasally (IN).*

Clinic Name/Address

Patient Name: _____
Birth Date: _____
Record #: _____

Vaccine	Type of vaccine[1] (generic abbreviation)	Date given (mo/day/yr)	Route	Site given (RA, LA, RT, LT)	Vaccine			Vaccine Information Statement		Signature/ initials of vaccinator
					Lot #	Mfr.	Expiration Date	Date on VIS[2]	Date given[2]	
Hepatitis B[3] e.g., HepB, Hib-HepB, DTaP-HepB-IPV			IM							
			IM							
			IM							
			IM							
Diptheria, Tetanus, Pertussis[3] e.g., DTaP, DT, DTaP-Hib, DTaP-HepB-IPV, Td, Tdap			IM							
			IM							
			IM							
			IM							
			IM							
			IM							
			IM							
Haemophilus influenzae type b[3] e.g., Hib, Hib-HepB, DTaP-Hib			IM							
			IM							
			IM							
			IM							
Polio[3] e.g., IPV, DTaP-HepB-IPV			IM SC							
			IM SC							
			IM SC							
			IM SC							
Pneumococcal PCV (conjugate) PPV (polysaccharide)			IM							
			IM							
			IM							
			IM							
Measles, Mumps, Rubella[3] e.g., MMR, MMRV			SC							
			SC							
Varicella[3] e.g., Var, MMRV			SC							
			SC							
Hepatitis A HepA			IM							
			IM							
Meningococcal[4] MCV4 (conjugate) MPSV4 (polysaccharide)										
Rotavirus RotaTeq										