

# Vaccine Administration Record for Adults

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

MCIR ID # \_\_\_\_\_

Clinic Name/Address

## Guide to using this form

Vaccine	Date Vaccine <sup>1</sup> & Vaccine Information Statement Given	Type of Vaccine	Date on Vaccine	Vaccine Manf.	Vaccine Lot Number	Site Given <sup>2</sup>	Route <sup>3</sup>	Signature of Vaccine Administrator	Client Status <sup>4</sup>
Tetanus, diphtheria Td with acellular pertussis Types are: Td Tdap	01/12/89*	Td							
	04/25/99*	Td							
	07/06/06*	Tdap							
Hepatitis B Types are: HepB HepB-HepA	10/2/02	HepB-HepA	7/11/01	GSK	HAB239A4	RA	IM	Sally Smith RN	P
	11/12/02	HepB-HepA	7/11/01	GSK	HAB239A4	RA	IM	Sally Smith RN	P
	08/04/03	HepB-HepA	7/11/01	GSK	HAB239A4	RA	IM	Jane Doe, MA	P
Measles, Mumps, Rubella Type is: MMR	10/2/02	MMR	06/13/02	MRK	M23456a	LA	SC	Sally Smith RN	P
	11/12/02	MMR	06/13/02	MRK	M23456a	LA	SC	Sally Smith RN	P
Varicella Type is: Var of disease	History	12/03/89							
Influenza Types are: TIV (Injectable) LAIV (Nasal) (See Back for Additional Spaces)	11/12/03	TIV	5/6/03	AVP	VO88211	RA	IM	Sally Smith RN	P
Pneumococcal Type is: PPSV23									
Hepatitis A Types are: HepA HepB-HepA	10/2/02	HepB-HepA	8/25/98	GSK	HAB239A4	RA	IM	Sally Smith RN	P
	11/12/02	HepB-HepA	8/25/98	GSK	HAB239A4	RA	IM	Sally Smith RN	P
	08/04/03	HepB-HepA	8/25/98	GSK	HAB239A4	RA	IM	Jane Doe MA	P
Meningococcal Types are: MCV4 MPSV4									
Human Papillomavirus Type: HPV4									
Zoster Type: Zoster									
Other									
Other									
Other									
Other									

[ \* ] Indicates vaccine given elsewhere

Documents varicella disease

Same shot (hep A-hep B) 2 different "Date on VIS"

**How to complete the administration record for:**

- Single vaccines (those with one VIS)
- Combination vaccines (those with more than one VIS)
- Vaccines that are given elsewhere, and
- History of chickenpox disease

<sup>1</sup> Place an asterisk (\*) next to the date the vaccine was given to indicate vaccines administered elsewhere  
<sup>2</sup> Site Code: LA=LT ARM, RA=RT ARM, LL=LT LEG, RL=RT LEG, and Nasal  
<sup>3</sup> Route Code: IM=intramuscular, SC=subcutaneous, and intranasal  
<sup>4</sup> Client VFC Status: M=Medicaid, U=Uninsured, D=Underinsured, A=American Indian or Alaskan Native, P=Private Insurance,  
 Alliance for Immunization in Michigan 2007 AIM Kit-Adult Immunization Section Revised December 18, 2008