

# Vaccine Administration Record for Adults

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

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

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

Clinic Name/Address
---------------------

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>
<b>Tetanus, diphtheria Td with acellular pertussis</b> Types are: Td Tdap									
<b>Hepatitis B</b> Types are: HepB HepA/HepB									
<b>Measles, Mumps, Rubella</b> Type is: MMR									
<b>Varicella</b> Type is: Var									
<b>Influenza</b> Types are: TIV (Injectable) LAIV (Nasal)  (See Back for Additional Spaces)									
<b>Pneumococcal</b> Type is: PPSV23									
<b>Hepatitis A</b> Types are: HepA HepA/HepB									
<b>Meningococcal</b> Types are: MCV4 MPSV4									
<b>Human Papillomavirus</b> Type: HPV4									
<b>Zoster</b> Type: Zoster									
Other									
Other									
Other									
Other									

<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,

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>
<b>Influenza</b> Types are: TIV (Injectable) LAIV (Nasal)									

<b>Notes:</b>

**Note:**  
**Patients/parents should be informed about the risks and benefits associated with immunizations including those associated with the vaccine-preventable disease. Federal and state guidelines do not require a patient/parent signature to administer vaccines. However, health care providers have the option to obtain a signature. Check with your agency for specific requirements.**

I have been given a copy and have read, or have had explained to me, the information contained on the appropriate Vaccine Information Statement (VIS) about the disease(s) and the vaccine(s) which are to be administered today. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the specific vaccine(s) and I ask that the vaccine(s) I have requested be given to me, or to the person named, for whom I am authorized to make this request.

1. SIGNATURE	DATE	Insurance Status	6. SIGNATURE	DATE	Insurance Status
2. SIGNATURE	DATE	Insurance Status	7. SIGNATURE	DATE	Insurance Status
3. SIGNATURE	DATE	Insurance Status	8. SIGNATURE	DATE	Insurance Status
4. SIGNATURE	DATE	Insurance Status	9. SIGNATURE	DATE	Insurance Status
5. SIGNATURE	DATE	Insurance Status	10. SIGNATURE	DATE	Insurance Status



Revised December 18, 2008