

Vaccine Administration Record for Children and Teens

Clinic Name/Address

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

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

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

Vaccine	Date Vaccine <sup>1</sup> & Vaccine Information Statement Given	Type of Vaccine	Date on Vaccine Information Statement (VIS)	Vaccine Manf.	Vaccine Lot Number	Site Given <sup>2</sup>	Route <sup>3</sup>	Signature of Vaccine Administrator	Client VFC Status <sup>4</sup>
<b>Diphtheria, Tetanus, Pertussis</b> Types are: DTaP DT DTaP-IPV DTaP-IPV-Hib DTaP-Hib DTaP-IPV-HepB Tdap Td									
<b>Haemophilus influenzae type b</b> Types are: Hib Hib-HepB DTaP-Hib DTaP-IPV-Hib									
<b>Hepatitis B</b> Types are: HepB Hib-HepB DTaP-IPV-HepB									
<b>Hepatitis A</b> Type is: HepA									
<b>Polio</b> Types are: IPV DTaP-IPV DTaP-IPV-HepB DTaP-IPV-Hib									
<b>Measles, Mumps, Rubella</b> Types are : MMR MMRV									
<b>Varicella</b> Types are: Var MMRV									
<b>Pneumococcal conjugate</b> Type is: PCV7									
<b>Rotavirus</b> Type are: RV1 RV5									
<b>Influenza</b> Types are: TIV (Injectable) LAIV (Intranasal) (More space on the reverse side.)									
<b>Meningococcal</b> Types are: MCV4 MPSV4									
<b>Human Papillomavirus</b> Type is: HPV4									

<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      <sup>3</sup> Route Code: IM= intramuscular, SC=subcutaneous, IN=intranasal, PO=oral  
<sup>4</sup> Client Status: M=Medicaid, U=Uninsured, D=Underinsured, P=Private Insurance, A=American Indian or Alaskan Native, V=MIVRP, L=Other Public Purchase

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Vaccine	Date Vaccine <sup>1</sup> & Vaccine Information Statement Given	Type of Vaccine	Date on Vaccine Information Statement (VIS)	Vaccine Manf.	Vaccine Lot Number	Site Given <sup>2</sup>	Route <sup>3</sup>	Signature of Vaccine Administrator	Client VFC <sup>4</sup> Status
Influenza Types are: TIV LAIV									
Other									
Other									
Other									
Other									

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**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 parent/patient 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	7. SIGNATURE	DATE	Insurance Status
2. SIGNATURE	DATE	Insurance Status	8. SIGNATURE	DATE	Insurance Status
3. SIGNATURE	DATE	Insurance Status	9. SIGNATURE	DATE	Insurance Status
4. SIGNATURE	DATE	Insurance Status	10. SIGNATURE	DATE	Insurance Status
5. SIGNATURE	DATE	Insurance Status	11. SIGNATURE	DATE	Insurance Status
6. SIGNATURE	DATE	Insurance Status	12. SIGNATURE	DATE	Insurance Status

Michigan Department of Community Health



Jennifer M. Granholm, Governor  
 Janet Olszewski, Director