

Vaccine Administration Record

Patient Name: _____

Birthdate: ___/___/___

Parent Name: _____

Address: _____

"I have been given a copy and have read or have had explained to me the information contained in the Vaccine Information Statement(s) about the disease(s) and the vaccine(s) listed below. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of these vaccines and ask that the vaccine(s) listed below be given to me or to the person named above for whom I am authorized to make this request."-----▼

VACCINE ¹ (Please Circle Appropriate Vaccine)	Date Administered	Vaccine Manufacturer	Vaccine Lot Number	Site Given	Signature and Title of Vaccine Administrator	Date of Vaccine Information Statements (VIS)	Signature of Person Authorized to Request Vaccine(s).
DTaP 1 ² or DT 1							
DTaP 2 ² or DT 2							
DTaP 3 ² or DT 3							
DTaP 4 ² or DT 4							
DTaP 5 ² or DT 5							
IPV 1							
IPV 2							
IPV 3							
IPV 4							
Hib 1							
Hib 2							
Hib 3							
Hib 4							
Pneumococcal Conj. 1							
Pneumococcal Conj. 2							
Pneumococcal Conj. 3							
Pneumococcal Conj. 4							
MMR 1							
MMR 2							
Varicella 1							
Varicella 2							
History of Varicella Disease							
Hepatitis B 1							
Hepatitis B 2							
Hepatitis B 3							
Td Adult							
Td Adult							
Td Adult							
Meningococcal							
Hepatitis A							
Hepatitis A							
Provider/Clinic (Name/Address)							

1 - When combination vaccines like Comvax[®] or Trihibit[®] are given, enter the appropriate information in each *separate* vaccine row.
 2 - Whole cell pertussis containing vaccine (DTP) is an acceptable substitute for each dose of DTaP vaccine.