Name:	DOB: / /	Male Female	Clinic Name Address Phone Number
Record Number:	Known Reactions or Allergies to Vaccines:		

VFC eligibility must be completed during each visit vaccines are administered. See reverse side.

Record combination vaccines for all vaccine types. For historical data, record dates given and indicate administrating provider or 'transcribed'.

Vaccine Type		Brand Name	Date Administered	Manufacturer	Lot Number	Administration		VIS		Admin By (Signature & Title)
						Route	Site	VIS Date	Date Given	
DTaP/ DTP/ Tdap	1		/ /			IM	LD LT RD RT	/ /	/ /	
	2		/ /			IM	LD LT RD RT	/ /	/ /	
	3		/ /			IM	LD LT RD RT	/ /	/ /	
	4		/ /			IM	LD LT RD RT	/ /	/ /	
	5		/ /			IM	LD LT RD RT	/ /	/ /	
	6		/ /			IM	LD LT RD RT	/ /	/ /	
IPV/ OPV	1		/ /			IM/SQ	LD LT RD RT	/ /	/ /	
	2		/ /			IM/SQ	LD LT RD RT	/ /	/ /	
	3		/ /			IM/SQ	LD LT RD RT	/ /	/ /	
	4		/ /			IM/SQ	LD LT RD RT	/ /	/ /	
HIB	1		/ /			IM	LD LT RD RT	/ /	/ /	
	2		/ /			IM	LD LT RD RT	/ /	/ /	
	3	6 month dose not needed if PedvaxHib	/ /			IM	LD LT RD RT	/ /	/ /	
	4		/ /			IM	LD LT RD RT	/ /	/ /	
Hep A	1		/ /			IM	LD LT RD RT	/ /	/ /	
	2		/ /			IM	LD LT RD RT	/ /	/ /	
Hep B	1		/ /			IM	LD LT RD RT	/ /	/ /	
	2		/ /			IM	LD LT RD RT	/ /	/ /	
	3		/ /			IM	LD LT RD RT	/ /	/ /	
	4		/ /			IM	LD LT RD RT	/ /	/ /	
Men-ACWY	1		/ /			IM	LD LT RD RT	/ /	/ /	
	2		/ /			IM	LD LT RD RT	/ /	/ /	
MMR/ MMRV	1		/ /			SQ	LD LT RD RT	/ /	/ /	
	2		/ /			SQ	LD LT RD RT	/ /	/ /	
PCV	1		/ /			IM	LD LT RD RT	/ /	/ /	
	2		/ /			IM	LD LT RD RT	/ /	/ /	
	3		/ /			IM	LD LT RD RT	/ /	/ /	
	4		/ /			IM	LD LT RD RT	/ /	/ /	
VAR	1		/ /			SQ	LD LT RD RT	/ /	/ /	
	2		/ /			SQ	LD LT RD RT	/ /	/ /	
	If patient had chicken pox and does not need vaccine, then document date of disease : _____									

Vaccine Type		Brand Name	Date Administered	Manufacturer	Lot Number	Administration		VIS		Admin By (Signature & Title)
						Route	Site	VIS Date	Date Given	
ROTA	1		/ /			Oral	Oral	/ /	/ /	
	2		/ /			Oral	Oral	/ /	/ /	
	3	3rd dose not needed if Rotarix	/ /			Oral	Oral	/ /	/ /	
HPV	1		/ /			IM	LD LT RD RT	/ /	/ /	
	2		/ /			IM	LD LT RD RT	/ /	/ /	
	3		/ /			IM	LD LT RD RT	/ /	/ /	
Flu	1		/ /			IM/ Nasal	LD LT RD RT	/ /	/ /	
	2		/ /			IM/ Nasal	LD LT RD RT	/ /	/ /	
	3		/ /			IM/ Nasal	LD LT RD RT	/ /	/ /	
	4		/ /			IM/ Nasal	LD LT RD RT	/ /	/ /	
	5		/ /			IM/ Nasal	LD LT RD RT	/ /	/ /	
	6		/ /			IM/ Nasal	LD LT RD RT	/ /	/ /	
PPSV23	1		/ /			IM/SQ	LD LT RD RT	/ /	/ /	
MenB	1		/ /			IM	LD LT RD RT	/ /	/ /	
	2		/ /			IM	LD LT RD RT	/ /	/ /	
	3		/ /			IM	LD LT RD RT	/ /	/ /	
Other	1		/ /			IM/SQ	LD LT RD RT	/ /	/ /	
	2		/ /			IM/SQ	LD LT RD RT	/ /	/ /	
	3		/ /			IM/SQ	LD LT RD RT	/ /	/ /	
	4		/ /			IM/SQ	LD LT RD RT	/ /	/ /	

VFC Eligibility Screening: Circle the number that matches the selected eligibility category.
1. Medicaid **2.** No Health Insurance **3.** American Indian/Alaska Native **4.** Underinsured **5.** Ineligible for VFC

Date	Category	If 5 (Ineligible for VFC), then write the name of the insurance carrier	Date	Category	If 5 (Ineligible for VFC), then write the name of the insurance carrier
/ /	1 2 3 4 5		/ /	1 2 3 4 5	
/ /	1 2 3 4 5		/ /	1 2 3 4 5	
/ /	1 2 3 4 5		/ /	1 2 3 4 5	
/ /	1 2 3 4 5		/ /	1 2 3 4 5	
/ /	1 2 3 4 5		/ /	1 2 3 4 5	
/ /	1 2 3 4 5		/ /	1 2 3 4 5	
/ /	1 2 3 4 5		/ /	1 2 3 4 5	
/ /	1 2 3 4 5		/ /	1 2 3 4 5	
/ /	1 2 3 4 5		/ /	1 2 3 4 5	
/ /	1 2 3 4 5		/ /	1 2 3 4 5	