

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

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

Vaccine Type		Brand Name	Vaccine Type		Brand Name	Vaccine Type		Brand Name	Vaccine Type		Brand Name
DTaP/ DTP/ Tdap	1		Hep B	1		PCV	1		HPV	1	
	2			2			2			2	
	3			3			3			3	
	4			4			4		1		
	5		HIB	1		PPSV23	1		Men- AWCY	2	
	6			2		Hep A	1			3	
IPV/ OPV	1		3	6 month dose not needed if PedvaxHib	Hep A	2		VAR	1		
	2		4			1			2		
	3		MMR/ MMRV	1		ROTA	2		If patient had chicken pox and does not need vaccine, then document the date of disease:  _____		
	4			2			3	6 month dose not needed if Rotarix			

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

Vaccine Type	Brand Name	Vaccine Type	Brand Name	Vaccine Type	Brand Name	Vaccine Type	Brand Name
MenB		Flu		Flu		Other	
		Flu		Flu		Other	
	3rd dose not needed if Bexsero	Flu		Flu		Other	
Flu		Flu		Flu		Other	
Flu		Flu		Flu		Other	

**Label instructions** | To create labels for this form, use Avery Labels 5195, or any label that is 1/2" x 1 3/4".  
 Templates for the labels can be found in Microsoft Word or on the Avery website.  
 Below is a sample of a label using 7 point font.\*

**Documentation Requirements** | Labels must include the following:  
 Vaccine Type, Route, Administration Date, VIS Publication Date,  
 VIS Given Date, Manufacturer Name, Lot Number and  
 Signature & Title of Administrator. Placing the sticker from the vaccine  
 vial on this form is **NOT** an acceptable form of documentation.

IMM: DTaP Route: IM Given: 3/1/16  
 Site: RT RD LT LD  
 VIS Date: 3/1/16 VIS Given: 3/1/16  
 MF GSK Lot DTP 23987454AB  
 Sign/Title: \_\_\_\_\_

**Label Key**  
**IMM** = Vaccine Type **VIS Date** = Date the VIS was printed (mm/dd/yy)  
**Route** = Route of injection (i.e. IM [Intramuscular] or SQ [Subcutaneous])  
**IM Given** = Date the immunization was administered  
**Site** = Injection Site. Circle one: R = Right, L = Left, D = Deltoid, T = Thigh  
**VIS Given** = Date the VIS was given to patient/guardian (mm/dd/yy)  
**MF** = Manufacturer Name (i.e. GSK for GlaxoSmithKline)  
**Lot** = Lot number of the vaccine (found on the **outside** of the box)  
**Sign/Title** = Both the signature **and** the title of the administrator

\*Fonts such as Calibri, Gill Sans, Garamond, & Georgia have good readability at such small sizes.

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	