

Patient Name:	Clinic Name/Address:
Birth Date:	
Chart number:	

Address:	Male _____	Female _____
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Phone:	Parent/Guardian:	Physician:
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Before administering any vaccines, give copies of all pertinent Vaccine Information Statements (VISs) to the child's parent or legal representative and make sure he/she understands the risks and benefits of the vaccine(s). Always provide or update the patient's personal record card.

Vaccine	Type of Vaccine	Date given (mo/day/yr)	Elig. Code ¹	Site ²	Vaccine		Vaccine Information Statement (VIS)			Vaccinator signature/initials
					Lot #	Mfr.	Date on VIS	Date given	Parents/Guardian Initials	
Hepatitis B (e.g., HepB, Hib-HepB, DTaP-HepB-IPV) Give IM.										
Diphtheria, Tetanus, Pertussis (e.g., DTaP, DTaP/Hib, DTaP-HepB-IPV, DT, DTaP-IPV/Hib, Tdap, DTaP-IPV, Td) Give IM.										
Haemophilus influenzae type b (e.g., Hib, Hib-HepB, DTaP-IPV/Hib, DTaP/Hib) Give IM.										
Polio (e.g., IPV, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV) Give IPV SC or IM. Give all others IM.										
Pneumococcal (e.g., PCV7, PCV13, conjugate; PPSV23, polysaccharide) Give PCV IM. Give PPSV SC or IM.										
Rotavirus (RV1, RV5) Give orally (po).										
Measles, Mumps, Rubella (e.g., MMR, MMRV) Give SC.										
Varicella (e.g., VAR, MMRV) Give SC.										

See page 2 to record hepatitis A, meningococcal, HPV, influenza, and other vaccines (e.g., travel vaccines).

<p>1. Record Elig Code: VFC: M= Medicaid, NI= No Insurance, NA= Native American, AN= Alaskan Native UN= Underinsured PI= Private Insurance, CH= WVCHIP.</p> <p>2. Record the site where vaccine was administered as either RA (right arm), LA (left arm), RT (right thigh), LT (left thigh), or IN (intranasal).</p>	Nurse's Signature	Init	Authorized Signature	Init
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					Lot #	Mfr.	Date on VIS	Date given	Parents/Guardian Initials	
Hepatitis A (HepA) Give IM.										
Meningococcal (e.g., MCV4; MPSV4) Give MCV4 IM and MPSV4 SC.										
Human papillomavirus (e.g., HPV2, HPV4) Give IM.										
Influenza (e.g., TIV, inactivated; LAIV, live attenuated) Give TIV IM. Give LAIV IN.										
Other										

See page 1 to record hepatitis B, diphtheria, tetanus, pertussis, Haemophilus influenzae type b, polio, pneumococcal, rotavirus vaccines measles-mumps-rubella, varicella.

Reminder/Recall Efforts

Date	Method used	Date	Method used

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Nurse's Signature	Init	Authorized Signature	Init

