VACCINE ADMINISTRATION RECORD FOR CHILDREN AND TEENS

State Form 52642 (R / 8-25)
IMMUNIZATION PROGRAM

INSTRUCTIONS 1. Before administering any vaccines, give the parent/guardian all appropriate copies of Vaccine Information Statements (VIS) and make sure they understand the risks and benefits of the vaccine(s).
2. Update the patient's personal immunization record card.
3. Record the generic abbreviation for the type of vaccine given (e.g.: DTaP-Hib, PCV), not the trade name.
4. Record the publication date of each VIS as well as the date it is given to the patient.
5. For combination vaccines, fill in a row for each separate antigen in the combination.
6. Give MCV4 via the IM route and MPSV4 via the SC route.
7. Give TIV via the IM route and LAIV intranasally (IN).

Clinic Name/Address

Patient Name: _____
Birth Date: _____
Record #: _____

Vaccine	Type of vaccine[1] (generic abbreviation)	Date given (mm/dd/yy)	Route	Site given (RA, LA, RT, LT)	Vaccine			Vaccine Information Statement		Signature/ initials of vaccinator
					Lot #	Mfr.	Expiration Date	Date on VIS[2]	Date given[2]	
Hepatitis B[3] e.g., HepB, Hib-HepB, DTaP-HepB-IPV			IM							
			IM							
			IM							
			IM							
Diptheria, Tetanus, Pertussis[3] e.g., DTaP, DT, DTaP-Hib, DTaP-HepB-IPV, Td, Tdap			IM							
			IM							
			IM							
			IM							
			IM							
			IM							
			IM							
Haemophilus influenzae type b[3] e.g., Hib, Hib-HepB, DTaP-Hib			IM							
			IM							
			IM							
			IM							
Polio[3] e.g., IPV, DTaP-HepB-IPV			IM SC							
			IM SC							
			IM SC							
			IM SC							
Pneumococcal PCV (conjugate) PPV (polysaccharide)			IM							
			IM							
			IM							
			IM							
Measles, Mumps, Rubella[3] e.g., MMR, MMRV			SC							
			SC							
Varicella[3] e.g., Var, MMRV			SC							
			SC							
Hepatitis A HepA			IM							
			IM							
Meningococcal[4] MCV4 (conjugate) MPSV4 (polysaccharide)										
Rotavirus RotaTeq										

Vaccine	Type of vaccine[1] (generic abbreviation)	Date given (mm/dd/yy)	Route	Site given (RA, LA, RT, LT)	Vaccine			Vaccine Information Statement		Signature/ initials of vaccinator
					Lot #	Mfr.	Expiration Date	Date on VIS[2]	Date given[2]	
Influenza[5] TIV (inactivated) LAIV (live, attenuated)										
HPV										
Other										

Adapted from the Immunization Action Coalition Vaccine Administration Record