

Adult Vaccine Administration Record

Patient name: _____

Birthdate: _____

Clinic chart number: _____

Vaccine administrator: Before administering any vaccines, make sure the person understands the risks and benefits of these vaccines and that their questions have been answered to their satisfaction. Make sure you give the patient an updated shot record card at every vaccination visit.

Vaccine and route	Date given mo/day/yr	Dose	Site given (RA, LA, RT, LT)	Vaccine lot number	Expira- tion date	Vaccine manufac- turer	Date of VIS*	Sig. or initials of vaccine administrator
DTP/DTaP/DT/Td - 1 (IM)								
DTP/DTaP/DT/Td - 2 (IM)								
DTP/DTaP/DT/Td - 3 (IM)								
DTP/DTaP/DT/Td - 4 (IM)								
DTP/DTaP/DT/Td - 5 (IM)								
Td booster (IM)								
Td booster (IM)								
Td booster (IM)								
Td booster (IM)								
Hepatitis B - 1 (IM)		mcg						
Hepatitis B - 2 (IM)		mcg						
Hepatitis B - 3 (IM)		mcg						
Hepatitis A - 1 (IM)								
Hepatitis A - 2 (IM)								
MMR - 1 (SQ)								
MMR - 2 (SQ)								
Varicella -1 (SQ)								
Varicella - 2 (SQ)								
Influenza (IM)								
Influenza (IM)								
Influenza (IM)								
Influenza (IM)								
Influenza (IM)								
Influenza (IM)								
Influenza (IM)								
Influenza (IM)								
Influenza (IM)								
Influenza (IM)								
Pneumococcal (IM or SQ)								
Other								
Other								
Other								
Other								

* Vaccine Information Statements (VIS) must be given to the patient before each dose of Td, MMR, Var, or Hep B vaccine is administered. Each VIS is identified by a date. Record VIS identification date here.

