## **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)								
Pneumococcal (IM or SQ)								
Other								
Other								
Other								
Other								

<sup>\*</sup>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.

Name D.O.B.

No.

## Adult Preventive Care Flow Sheet

PUT PREVENTION INTO PRACTICE

Date Manuf. & Lot No.

## **ALLERGIES:**

(Circle if appropriate)	Date				
1. Alcohol and Drugs	Type(s)				
2. Aspirin					
3. Dental and Oral Health	Date				
4. Hormone Replacement Therapy	Type(s)				
5. Domestic Violence					
6. Family Planning	Date				
7. Folate	Type(s)				
8. Injuries (e.g. seat belts, falls)	.,,,,,				
9. Nutrition	Date				
10. Occupational Health					
11. Osteoporosis	Type(s)				
12. Physical Activity					
13. Polypharmacy	Date				
14. Self-Exams (skin, breast, testicular)	Type(s)				
15. STDs/HIV Infection					
16. Tobacco	Date				
17	Type(s)				
18	-71-(0)				

Suggested Examinations and Tests:*										
BLOOD PRESSURE BREAST EXAM CHOLESTEROL COGNITIVE AND FUNCTION IMPAIRMENT	DEPRESSION DIGITAL RECTAL EXAM FECAL OCCULT BLOOD		HEIGHT/WEIGHT MAMMOGRAPHY ORAL CANTY EXAM PAP SMEAR/PELVIC EXAM PLASMA GLUCOSE		PROSTATE EXAM/PSA SIGMOIDOSCOPY SKIN EXAM TESTICULAR EXAM THYROID FUNCTION/EXAM		TUBERCULIN SKIN TESTING URINALYSIS VISION		Specific preventive protocols should be tailored to the patient's risk factors and based on discussion between the patient and provider	
Examinations and Tests	Schedule									
		Date								
		Result								
		Date								
		Result								
		Date								
		Result								
		Date								
		Result								
		Date								
		Result								
		Date								
		Result								

Immunization/Frequency

Influenza	Date										
≥ 65 YRS. OR IMMUNOCOMPROMISED YEARLY	Manuf. & Lot No.										
Pneumococcal	Date		Tetanus and	d Diphtheria	Date				Date		
≥ 65 YRS. OR IMMUNOCOMPROMISED	Manuf.		ALL ADULTS		Manuf.				Manuf. & Lot No.		
ONE DOSE	& Lot No.		EVERY 10 YEARS		& Lot No.				Date		
Varicella	Date		Rubella WOMEN OF CHILDBEARING AGE		Date				Manuf. & Lot No.		
NON-IMMUNE ADULTS TWO DOSES DELIVERED 4-8 WEEKS APART IF	DOSES DELIVERED 4-8 WEEKS APART IF Manuf.	AND HEALTH CARE WORKERS WITHOUT EVIDENCE OF IMMUNITY OR PRIOR IMMUNIZATION		Manuf.	anuf.			Date			
IMMUNIZED AFTER AGE 13 YEARS	& Lot No.		ONE DOSE	NEXTION	& Lot No.				Manuf. & Lot No.		
Hamatitia B	Date						S				
Hepatitis B  ADULTS AT INCREASED RISK 3 OR 4 DOSE SERIES	Manuf. & Lot No.						ion		Date Manuf. & Lot No.		
	G 201110.	l I					Je Izo		Date		
							Other unizati		Manuf. & Lot No.		

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