

Vaccine Administration Record for Children and Teens

Patient name: _____

Birthdate: _____

Vaccine administrator: Make sure you give the parent/guardian all appropriate Vaccine Information Statements (VIS) and an updated shot record at every visit.

Vaccine and route (circle type given)	Date given	Site given (LA, RA, LT, RT)	Vaccine lot number	Vaccine manufacturer	VIS date*	Signature or initials of vaccine administrator	Comments
Hepatitis B - 1 ____ mcg (IM)							
Hepatitis B - 2 ____ mcg (IM)							
Hepatitis B - 3 ____ mcg (IM)							
DTaP • DT • Td - 1 (IM)							
DTaP • DT • Td - 2 (IM)							
DTaP • DT • Td - 3 (IM)							
DTaP • DT • Td - 4 (IM)							
DTaP • DT • Td - 5 (IM)							
DTaP/Hib - 4 (IM)							
Td booster (IM)							
Td booster (IM)							
Hib - 1 (IM)							
Hib - 2 (IM)							
Hib - 3 (IM)							
Hib - 4 (IM)							
Hib/Hep B - 1 (IM)							
Hib/Hep B - 2 (IM)							
Hib/Hep B - 3 (IM)							
Polio - 1 (SQ • IM)							
Polio - 2 (SQ • IM)							
Polio - 3 (SQ • IM)							
Polio - 4 (SQ • IM)							
Pneum conj (PCV) - 1 (IM)							
Pneum conj (PCV) - 2 (IM)							
Pneum conj (PCV) - 3 (IM)							
Pneum conj (PCV) - 4 (IM)							
MMR - 1 (SQ)							
MMR - 2 (SQ)							
Varicella - 1 (SQ)							
Varicella - 2 (SQ)							
Hepatitis A - 1 (IM)							
Hepatitis A - 2 (IM)							
Other †							
Other †							
Other †							
Other †							
Other †							

* Each VIS is identified by a date at the bottom. Record the VIS identification date in this column.

† Influenza, pneumococcal polysaccharide (PPV23), meningococcal, and/or Lyme disease vaccines are recommended for certain high-risk children.