Patient Name:					Clinic Name/Address:						
Birth Date:						,					
Chart Number:					1						
Address:							Male F		Female		
Phone: Parent/Guardian			ı:								
Before administering any vaccines, risks and benefits of the vaccine(s)	-					ild's parent or le	gal representative	e and make sure	he/she under	stands the	
insks and benefits of the vaccine(s)	. Aiways provide o	i upuate the patien	it s persor	lai record	caru.						
Vaccine	Type of Vaccine	Date Given (mo/day/yr)	Elig. Code ¹	Site²	Vaccine		Vaccine Information Statement (VIS)				
					Lot #	Mfr.	Date on VIS	Date Given	Parents/ Guardian Initials	Vaccinator Signature/ Initials	
Hepatitis B									ilitiais	<i>y</i> 6, <u>_</u>	
(HepB, Hib-HepB,											
DTaP-HepB-IPV) Give IM.											
dive livi.											
Diphtheria, Tetanus,											
Pertussis											
(DTaP, DTaP/Hib,											
DTaP-HepB-IPV, DT, DTaP-IPV/Hib, Tdap,											
DTaP-IPV, Td)											
Give IM.											
										-	
Haemophilus influenzae											
type b											
(Hib, Hib-HepB,											
DTaP-IPV/Hib,											
DTaP/Hib) Give IM.											
Polio (IPV, DTaP-HepB-IPV,											
DTaP-IPV/Hib, DTaP-IPV)											
Give IPV SC or IM.											
Give all others IM.											
Pneumococcal											
(PCV7, PCV13, conjugate; PSV23, polysaccharide)											
Give PCV IM.											
Give PPSV SC or IM.											
Rotavirus											
(RV1, RV5)											
Give orally (po).											
Measles, Mumps,											
Rubella (MMR, MMRV)											
Give SC. Varicella											
(VAR,MMRV) Give SC.											
See page 2 to record he	natitis A. me	ningococcal F	ID\/ in	fluenza	and other v	accines le g	travel vac	rings)			
							ī			l	
Record Elig Code: VFC: M= Medicaid, NI= No Insurance, NA= Native American, AN= Alaskan Native and UN=			Nurse Signature In		Init	Authorized Signature			Init		
Underinsured. PI= Private Insurance, CH= WVCHIP.											
2. Pacard the site where vaccine was administered as sither											
 Record the site where vaccine was administered as either RA (right arm), LA (left arm), RT (right thigh), LT (left thigh), or IN (intranasal). 											
									ļ		
Page 1											
Page 1							Ī			I	

Patient Name:					Clinic Name/Address:						
Birth Date:											
Chart Number:											
Before administering any vaccines, risks and benefits of the vaccine(s).						s parent or le	gal representative	e and make sure	he/she under	stands the	
risis and senents of the factorie(s).	ranays provide o	- apacte the patier	.e s perso.								
Vaccine	Type of	Date Given	_	Site²	Vaccine		Vaccine Information				
							Statement (VIS) Date on Date Par			nator ture/	
	Vaccine	(mo/day/yr)			Lot #	Mfr.	VIS	Given	Guardian	Vaccinator Signature/ Initials	
Hepatitis A (HepA)									Initials	> s =	
Give IM.											
Meningococcal		+							-		
(MCV4, MenB, MPSV4)						-			<u> </u>		
Give MCV4 and MenB IM.											
Give MPSV4 SC.						_			<u> </u>		
Human papillomavirus											
(HPV2, HPV4, HPV9) Give IM.											
GIVE IIVI.											
Influenza											
(TIV, inactivated; LAIV, live											
attenuated) Give TIV IM. Give LAIV IN.											
GIVE LAIV IN.											
Other											
Soo nago 1 to record her	antitic D. din	hthoria totan	us nor	tuccic	Haomonhilus in	fluonzao	type by polic	nnoumoc	occal rot	avirus	
See page 1 to record her vaccines, measles-mump			us, per	tussis,	naemopilius ii	iiiueiizae	type b, polic	, prieuriloc	occai, fot	aviius	
vaccines, incasies-mamp	73-1 abelia, al	ia varicena.									
		<u>Re</u>	min	der/	Recall Effo	<u>orts</u>					
Date	Method used				Date	Method used					
2000											
					ı						
1. Record Elig Code: VFC: N	Л= Medicaid.	NI= No Insuran	Ce.	Nurce	o Signaturo	Init	Authorize	d Signatuu	70	Init	
NA= Native American, AN= Alaskan Native and UN=			ivuise	e Signature	IIIIC	Authorize	u Signatui	-	11111		
Underinsured. PI= Private	Insurance, (CH= WVCHIP.									
2. Daniel de la colonia de			tale e								
Record the site where va RA (right arm), LA (left arm)						_				-	
IN (intranasal).	,, itt (tigite till	igni, Li (icit tili	gii), Oi	-							
` ′											
								MEC	T VIRGINIA		
Page 2								Dep	T VIRGINIA artment of lealth Hum	ån	
WV-O-VAR-1115								BU	Resou REAU FOR PUB	rces LIC HEALTH	