

Patient Name:	Clinic Name/Address:
Birth Date:	
Chart Number:	

Address:	Male _____	Female _____
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Phone:	Parent/Guardian:	Physician:
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Before administering any vaccines, give copies of all pertinent Vaccine Information Statements (VISs) to the child's parent or legal representative and make sure he/she understands the risks and benefits of the vaccine(s). Always provide or update the patient's personal record card.

Vaccine	Type of Vaccine	Date Given (mo/day/yr)	Elig. Code ¹	Site ²	Vaccine		Vaccine Information Statement (VIS)			Vaccinator Signature/Initials
					Lot #	Mfr.	Date on VIS	Date Given	Parents/Guardian Initials	
Hepatitis B (HepB, Hib-HepB, DTaP-HepB-IPV) Give IM.										
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 hepatitis A, meningococcal, HPV, influenza, and other vaccines (e.g., travel vaccines).

<p>1. Record Elig Code: VFC: M= Medicaid, NI= No Insurance, NA= Native American, AN= Alaskan Native and UN= Underinsured. PI= Private Insurance, CH= WVCHIP.</p> <p>2. Record the site where vaccine was administered as either RA (right arm), LA (left arm), RT (right thigh), LT (left thigh), or IN (intranasal).</p>	Nurse Signature	Init	Authorized Signature	Init

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Hepatitis A (HepA) Give IM.										
Meningococcal (MCV4, MenB, MPSV4) Give MCV4 and MenB IM. Give MPSV4 SC.										
Human papillomavirus (HPV2, HPV4, HPV9) Give IM.										
Influenza (TIV, inactivated; LAIV, live attenuated) Give TIV IM. Give LAIV IN.										
Other										

See page 1 to record hepatitis B, diphtheria, tetanus, pertussis, Haemophilus influenzae type b, polio, pneumococcal, rotavirus vaccines, measles-mumps-rubella, and varicella.

Reminder/Recall Efforts

Date	Method used	Date	Method used

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2. Record the site where vaccine was administered as either RA (right arm), LA (left arm), RT (right thigh), LT (left thigh), or IN (intranasal).				