

APPENDIX

6

VACCINE ADMINISTRATION

Bureau of Immunization-Vaccines for Children Program

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Vaccine Administration Record for Children and Teens

Patient name: _____

Birthdate: _____

Chart number: _____

Vaccine	Type of Vaccine ¹ (generic abbreviation)	Date given (mo/day/yr)	Source (F,S,P) ²	Site ³	Vaccine		Vaccine Information Statement		Signature/ initials of vaccinator
					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Hepatitis B⁵ (e.g., HepB, Hib-HepB, DTaP-HepB-IPV) Give IM.									
Diphtheria, Tetanus, Pertussis⁵ (e.g., DTaP, DTaP-Hib, DTaP-HepB-IPV, DT, DTaP-Hib-IPV, Tdap, DTaP-IPV, Td) Give IM.									
Haemophilus influenzae type b⁵ (e.g., Hib, Hib-HepB, DTaP-Hib-IPV, DTaP-Hib) Give IM.									
Polio⁵ (e.g., IPV, DTaP-HepB-IPV, DTaP-Hib-IPV, DTaP-IPV) Give IPV SC or IM. Give all others IM.									
Pneumococcal (e.g., PCV, conjugate; PPV, polysaccharide) Give PCV IM. Give PPV SC or IM.									
Rotavirus (Rota) Give oral (po).									
Measles, Mumps, Rubella⁵ (e.g., MMR, MMRV) Give SC.									
Varicella⁵ (e.g., Var, MMRV) Give SC.									
Hepatitis A (HepA) Give IM.									
Meningococcal (e.g., MCV4; MPSV4) Give MCV4 IM and MPSV4 SC.									
Human papillomavirus (e.g., HPV) Give IM.									
Influenza⁵ (e.g., TIV, inactivated; LAIV, live attenuated) Give TIV IM. Give LAIV IN.									
Other									

1. Record the generic abbreviation for the type of vaccine given (e.g., DTaP-Hib, PCV), *not* the trade name.
2. Record the source of the vaccine given as either F (Federally-supported), S (State-supported), or P (supported by Private insurance or other Private funds).

3. Record the site where vaccine was administered as either RA (Right Arm), LA (Left Arm), RT (Right Thigh), LT (Left Thigh), IN (Intranasal), or po (by mouth).
4. Record the publication date of each VIS as well as the date it is given to the patient.
5. For combination vaccines, fill in a row for each separate antigen in the combination.

Vaccine Administration Record for Children and Teens

Patient name: Shawn Abler

Birthdate: February 3, 2006

Chart number: SA-4837

Vaccine	Type of Vaccine ¹ (generic abbreviation)	Date given (mo/day/yr)	Source (F,S,P) ²	Site ³	Vaccine		Vaccine Information Statement		Signature/ initials of vaccinator
					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Hepatitis B⁵ (e.g., HepB, Hib-HepB, DTaP-HepB-IPV) Give IM.	<i>HepB</i>	2/03/06	S	RT	0651M	MRK	7/11/01	2/03/06	JTA
	<i>Hib-HepB</i>	4/03/06	S	RT	1051M	MRK	7/11/01	4/03/06	DCP
	<i>Hib-HepB</i>	6/05/06	S	RT	1051M	MRK	7/11/01	6/05/06	DCP
	<i>Hib-HepB</i>	2/05/07	S	LT	1106M	MRK	7/11/01	2/05/07	DCP
Diphtheria, Tetanus, Pertussis⁵ (e.g., DTaP, DTaP-Hib, DTaP-HepB-IPV, DT, DTaP-Hib-IPV, Tdap, DTaP-IPV, Td) Give IM.	<i>DTaP</i>	4/03/06	S	RT	647A2	GSK	7/30/01	4/03/06	DCP
	<i>DTaP</i>	6/05/06	S	RT	647A2	GSK	7/30/01	6/05/06	DCP
	<i>DTaP</i>	8/07/06	S	RT	647A2	GSK	7/30/01	8/07/06	DCP
	<i>DTaP</i>	5/07/07	S	RT	749B1	GSK	7/30/01	5/07/07	DCP
Hib-HepB (Comvax)									
Haemophilus influenzae type b⁵ (e.g., Hib, Hib-HepB, DTaP-Hib-IPV, DTaP-Hib) Give IM.	<i>Hib-HepB</i>	4/03/06	S	RT	1051M	MRK	12/16/98	4/03/06	DCP
	<i>Hib-HepB</i>	6/05/06	S	RT	1051M	MRK	12/16/98	6/05/06	DCP
	<i>Hib-HepB</i>	2/05/07	S	LT	1106M	MRK	12/16/98	2/05/07	DCP
Polio⁵ (e.g., IPV, DTaP-HepB-IPV, DTaP-Hib-IPV, DTaP-IPV) Give IPV SC or IM. Give all others IM.	<i>IPV</i>	4/03/06	S	LT	U4569-8	SPI	1/01/00	4/03/06	DCP
	<i>IPV</i>	6/05/06	S	LT	U4569-8	SPI	1/01/00	6/05/06	DCP
	<i>IPV</i>	4/03/07	S	LT	U4569-8	SPI	1/01/00	4/03/07	DCP
Pneumococcal (e.g., PCV, conjugate; PPV, polysaccharide) Give PCV IM. Give PPV SC or IM.	<i>PCV</i>	4/03/06	S	LT	489-835	WYE	9/30/02	4/03/06	DCP
	<i>PCV</i>	6/05/06	S	RT	489-835	WYE	9/30/02	6/05/06	DCP
	<i>PCV</i>	8/07/06	S	LT	489-835	WYE	9/30/02	8/07/06	DCP
	<i>PCV</i>	2/05/07	S	RT	591-123	WYE	9/30/02	2/05/07	DCP
Rotavirus (Rota) Give oral (po).	<i>Rota</i>	4/03/06	P	po	1234F	MRK			DCP
	<i>Rota</i>	6/05/06	P	po	1234F	MRK	4/12/06	6/05/06	DCP
	<i>Rota</i>	8/07/06	P	po	1234F	MRK	4/12/06	8/07/06	DCP
Measles, Mumps, Rubella⁵ (e.g., MMR, MMRV) Give SC. MMRV (ProQuad)	<i>MMRV</i>	2/05/07	P	RT	0857M	MRK	1/15/03	2/05/07	DCP
Varicella⁵ (e.g., Var, MMRV) Give SC.	<i>MMRV</i>	2/05/07	P	RT	0857M	MRK	1/10/07	2/05/07	DCP
Hepatitis A (HepA) Give IM.	<i>HepA</i>	4/03/07	S	RT	0634K	MRK	3/21/06	4/03/07	DCP
	<i>HepA</i>	10/03/07	S	RT	0634K	MRK	3/21/06	10/03/07	DCP
Meningococcal (e.g., MCV4; MPSV4) Give MCV4 IM and MPSV4 SC.									
Human papillomavirus (e.g., HPV) Give IM.									
Influenza⁵ (e.g., TIV, inactivated; LAIV, live attenuated) Give TIV IM. Give LAIV IN.	<i>TIV</i>	10/09/06	P	RT	U106459	SPI	6/30/06	10/09/06	DCP
	<i>TIV</i>	11/13/06	P	RT	U106459	SPI	6/30/06	11/13/06	DCP
	<i>TIV</i>	10/16/07	P	RT	U463152	SPI	7/16/07	10/16/07	DCP
Other									

1 shot, 2 different VIS dates

1 shot, 2 different VIS dates

How to record Hib-HepB and MMRV combination vaccines

- Record the generic abbreviation for the type of vaccine given (e.g., DTaP-Hib, PCV), *not* the trade name.
- Record the source of the vaccine given as either F (Federally-supported), S (State-supported), or P (supported by Private insurance or other Private funds).
- Record the site where vaccine was administered as either RA (Right Arm), LA (Left Arm), RT (Right Thigh), LT (Left Thigh), IN (Intranasal), or po (by mouth).
- Record the publication date of each VIS as well as the date it is given to the patient.
- For combination vaccines, fill in a row for each separate antigen in the combination.

Vaccine Administration Record for Children and Teens

Patient name: Renee Schmidt

Birthdate: December 2, 2004

Chart number: 2345678

Vaccine	Type of Vaccine ¹ (generic abbreviation)	Date given (mo/day/yr)	Source (F,S,P) ²	Site ³	Vaccine		Vaccine Information Statement		Signature/ initials of vaccinator
					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Hepatitis B⁵ (e.g., HepB, Hib-HepB, DTaP-HepB-IPV) Give IM.	<i>HepB</i>	12/02/04	F	RT	0651M	MRK	7/11/01	12/02/04	JTA
	<i>DTaP-HepB-IPV</i>	2/02/05	F	RT	635A2	GSK	7/11/01	2/02/05	DCP
	<i>DTaP-HepB-IPV</i>	4/02/05	F	RT	712A2	GSK	7/11/01	4/02/05	DCP
	<i>DTaP-HepB-IPV</i>	6/02/05	F	RT	712A2	GSK	7/11/01	06/02/05	DLW
DTaP-HepB-IPV (Pediarix)									
Diphtheria, Tetanus, Pertussis⁵ (e.g., DTaP, DTaP-Hib, DTaP-HepB-IPV, DT, DTaP-Hib-IPV, Tdap, DTaP-IPV, Td) Give IM.	<i>DTaP-HepB-IPV</i>	2/02/05	F	RT	635A2	GSK	7/30/01	2/02/05	DCP
	<i>DTaP-HepB-IPV</i>	4/02/05	F	RT	712A2	GSK	7/30/01	4/02/05	DCP
	<i>DTaP-HepB-IPV</i>	6/02/05	F	RT	712A2	GSK	7/30/01	6/02/05	DLW
	<i>DTaP-Hib</i>	3/02/06	F	RA	P0897AA	SPI	7/30/01	3/02/06	RLV
DTaP-Hib (Trihibit)									
Haemophilus influenzae type b⁵ (e.g., Hib, Hib-HepB, DTaP-Hib-IPV, DTaP-Hib) Give IM.	<i>Hib</i>	2/02/05	F	LT	UA744AA	SPI	12/16/98	2/02/05	DCP
	<i>Hib</i>	4/02/05	F	LT	UA744AA	SPI	12/16/98	4/02/05	DCP
	<i>Hib</i>	6/02/05	F	LT	UA744AA	SPI	12/16/98	6/02/05	DLW
	<i>DTaP-Hib</i>	3/02/06	F	RA	7172AA	SPI	12/16/98	3/02/05	RLV
Polio⁵ (e.g., IPV, DTaP-HepB-IPV, DTaP-Hib-IPV, DTaP-IPV) Give IPV SC or IM. Give all others IM.	<i>DTaP-HepB-IPV</i>	2/02/05	F	RT	635A2	GSK	1/01/00	2/02/05	DCP
	<i>DTaP-HepB-IPV</i>	4/02/05	F	RT	712A2	GSK	1/01/00	4/02/05	DCP
	<i>DTaP-HepB-IPV</i>	6/02/05	F	RT	712A2	GSK	1/01/00	6/02/05	DLW
Pneumococcal (e.g., PCV, conjugate; PPV, polysaccharide) Give PCV IM. Give PPV SC or IM.	<i>PCV</i>	2/02/05	F	LT	489-835	WYE	9/30/02	2/02/05	DCP
	<i>PCV</i>	4/02/05	F	RT	489-835	WYE	9/30/02	4/02/05	DCP
	<i>PCV</i>	6/02/05	F	LT	489-835	WYE	9/30/02	6/02/05	DLW
	<i>PCV</i>	3/02/06	F	LA	501-245	WYE	9/30/02	3/02/06	RLV
Rotavirus (Rota) Give oral (po).									
How to record DTaP-HepB-IPV and DTaP-Hib combination vaccines									
Measles, Mumps, Rubella⁵ (e.g., MMR, MMRV) Give SC.	<i>MMRV</i>	12/02/05	P	RA	0857M	MRK	1/15/03	12/02/05	DLW
Varicella⁵ (e.g., Var, MMRV) Give SC.	<i>MMRV</i>	12/02/05	P	LA	0857M	MRK	12/16/98	12/02/05	DLW
Hepatitis A (HepA) Give IM.	<i>HepA</i>	12/02/05	F	LA	0524L	MRK	8/04/04	12/02/05	MAT
	<i>HepA</i>	6/02/06	F	LA	0634K	MRK	3/21/06	6/02/06	MAT
Meningococcal (e.g., MCV4; MPSV4) Give MCV4 IM and MPSV4 SC.									
Human papillomavirus (e.g., HPV) Give IM.									
Influenza⁵ (e.g., TIV, inactivated; LAIV, live attenuated) Give TIV IM. Give LAIV IN.	<i>TIV</i>	10/05/05	F	RA	U097543	SPI	7/18/06	10/05/05	JTA
	<i>TIV</i>	11/05/05	F	RA	U097543	SPI	10/20/05	11/05/05	DCP
	<i>TIV</i>	10/16/06	F	LA	U106459	SPI	6/30/06	10/16/06	MAT
Other									

DTaP-HepB-IPV (Pediarix)

1 shot, 2 lot #s

1 shot, 3 different VIS dates

How to record DTaP-HepB-IPV and DTaP-Hib combination vaccines

- Record the generic abbreviation for the type of vaccine given (e.g., DTaP-Hib, PCV), *not* the trade name.
- Record the source of the vaccine given as either F (Federally-supported), S (State-supported), or P (supported by Private insurance or other Private funds).
- Record the site where vaccine was administered as either RA (Right Arm), LA (Left Arm), RT (Right Thigh), LT (Left Thigh), IN (Intranasal), or po (by mouth).
- Record the publication date of each VIS as well as the date it is given to the patient.
- For combination vaccines, fill in a row for each separate antigen in the combination.

Vaccine Administration Record for Children and Teens

Patient name: Jane Stamper

Birthdate: October 15, 1989

Chart number: 3456789

Vaccine	Type of Vaccine ¹ (generic abbreviation)	Date given (mo/day/yr)	Source (F,S,P) ²	Site ³	Vaccine		Vaccine Information Statement		Signature/ initials of vaccinator
					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Hepatitis B⁵ (e.g., HepB, Hib-HepB, DTaP-HepB-IPV) Give IM.	HepB (1.0 ml)	6/02/02	P	RA	0651M	MRK	7/11/01	6/02/02	TAA
	HepB (1.0 ml)	1/02/03	P	RA	0651M	MRK	7/11/01	1/02/03	TAA
2-dose adult HepB for adolescents									
Diphtheria, Tetanus, Pertussis⁵ (e.g., DTaP, DTaP-Hib, DTaP-HepB-IPV, DT, DTaP-Hib-IPV, Tdap, DTaP-IPV, Td) Give IM.	DTP	12/15/89	P	RT	326-912	LED	1/01/88	12/15/89	DCP
	DTP	2/15/90	P	RT	326-912	LED	1/01/88	2/15/90	DCP
	DTP	4/15/90	P	RT	326-912	LED	1/01/88	4/15/90	DLW
	DTP	4/15/91	P	RA	326-912	LED	1/01/88	4/15/91	RLV
	DTP	4/15/94	P	RA	326-912	LED	10/15/91	4/15/94	JTA
Haemophilus influenzae type b⁵ (e.g., Hib, Hib-HepB, DTaP-Hib-IPV, DTaP-Hib) Give IM.	Hib	12/15/89	P	LT	1492L	MRK	6/01/89	12/15/89	DCP
	Hib	2/15/90	P	LT	1492L	MRK	6/01/89	2/15/90	DCP
	Hib	10/15/90	P	LT	1492L	MRK	6/01/89	10/15/90	DLW
Polio⁵ (e.g., IPV, DTaP-HepB-IPV, DTaP-Hib-IPV, DTaP-IPV) Give IPV SC or IM. Give all others IM.	OPV	12/15/89	P	po	0678A	LED	3/01/83	12/15/89	DCP
	OPV	2/15/90	P	po	0678A	LED	3/01/83	2/15/90	DCP
	OPV	4/15/91	P	po	0896A	LED	3/01/83	4/15/91	RLV
	OPV	4/15/94	P	po	0987A	LED	10/15/91	4/15/94	JTA
Pneumococcal (e.g., PCV, conjugate; PPV, polysaccharide) Give PCV IM. Give PPV SC or IM.	How to record adult HepB vaccine given to 11-15 year olds								
Rotavirus (Rota) Give oral (po).									
Measles, Mumps, Rubella⁵ (e.g., MMR, MMRV) Give SC.	MMR	1/15/91	P	RA	0857M	MRK	1/01/88	1/15/91	DLW
	MMR	10/15/01	P	LA	0946M	MRK	1/01/88	10/15/01	PWS
Varicella⁵ (e.g., Var, MMRV) Give SC.	Var	10/15/01	P	LA	0799M	MRK	12/16/98	10/15/01	PWS
	Var	10/15/07	P	LA	0689M	MRK	1/10/07	10/15/07	JTA
Hepatitis A (HepA) Give IM.									
Meningococcal (e.g., MCV4; MPSV4) Give MCV4 IM and MPSV4 SC.	MCV4	8/19/05	P	LA	U1766AA	SPI	4/4/05	8/19/05	DCP
Human papillomavirus (e.g., HPV) Give IM.	HPV	9/12/06	P	RA	0637F	MRK	9/6/06	9/12/06	MAT
	HPV	11/14/06	P	RA	0637F	MRK	9/5/06	11/14/06	MAT
	HPV	3/14/07	P	LA	0637F	MRK	2/02/07	3/14/07	JTA
Influenza⁵ (e.g., TIV, inactivated; LAIV, live attenuated) Give TIV IM. Give LAIV IN.	LAIV	10/15/07	P	IN	500491P	MED	10/04/07	10/15/07	MAT
Other	Tdap	7/9/06	P	LA	C2454AA	SPI	9/22/05	7/9/06	MAT

- Record the generic abbreviation for the type of vaccine given (e.g., DTaP-Hib, PCV), not the trade name.
- Record the source of the vaccine given as either F (Federally-supported), S (State-supported), or P (supported by Private insurance or other Private funds).

- Record the site where vaccine was administered as either RA (Right Arm), LA (Left Arm), RT (Right Thigh), LT (Left Thigh), IN (Intranasal), or po (by mouth).
- Record the publication date of each VIS as well as the date it is given to the patient.
- For combination vaccines, fill in a row for each separate antigen in the combination.

Uniform Vaccine Administration Record																	
Clinic Name, Location	Patient Name (Last, First Middle)																
Gender <input type="checkbox"/> male <input type="checkbox"/> female	Patient ID No. <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																
Physician	Date of Birth <table style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																
Allergies																	

Imprint patient data above

This area for
bar-coded and
human-readable
FORM NUMBER

↓ Place vaccine identification sticker over shaded area in lieu of hand entry ↓

Date Administered <table style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									Vaccine Type or Brand Name	Manufacturer / Distributor <input type="checkbox"/> Aventis Pasteur (AVP) <input type="checkbox"/> Baxter (BAX) <input type="checkbox"/> Berna (BER) <input type="checkbox"/> BioPort (BPT) <input type="checkbox"/> Chiron (CHIR) <input type="checkbox"/> Evans (EVN) <input type="checkbox"/> GlaxoSmithKline (GSK) <input type="checkbox"/> Mass. (MAB) <input type="checkbox"/> Wyeth-Lederle (WAL) <input type="checkbox"/> Merck (MRK) <input type="checkbox"/> Other: _____	Route <input type="checkbox"/> injection → Site <input type="checkbox"/> <input type="checkbox"/> deltoid Depth <input type="checkbox"/> intramuscular <input type="checkbox"/> oral <input type="checkbox"/> <input type="checkbox"/> gluteus <input type="checkbox"/> subcutaneous <input type="checkbox"/> intranasal <input type="checkbox"/> <input type="checkbox"/> thigh <input type="checkbox"/> intradermal <input type="checkbox"/> inhalation <input type="checkbox"/> <input type="checkbox"/> other: _____ <input type="checkbox"/> topical cutaneous
At Age _____ <input type="checkbox"/> weeks <input type="checkbox"/> months <input type="checkbox"/> years	Lot No.	Source <input type="checkbox"/> private <input type="checkbox"/> county/city <input type="checkbox"/> state <input type="checkbox"/> federal <input type="checkbox"/> other: _____	Name of Person Administering Vaccine <i>Initials</i> Print VIS Publication Date(s) ¹ <i>Recipient Initials</i> ²								
Remarks:											

Date Administered <table style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									Vaccine Type or Brand Name	Manufacturer / Distributor <input type="checkbox"/> Aventis Pasteur (AVP) <input type="checkbox"/> Baxter (BAX) <input type="checkbox"/> Berna (BER) <input type="checkbox"/> BioPort (BPT) <input type="checkbox"/> Chiron (CHIR) <input type="checkbox"/> Evans (EVN) <input type="checkbox"/> GlaxoSmithKline (GSK) <input type="checkbox"/> Mass. (MAB) <input type="checkbox"/> Wyeth-Lederle (WAL) <input type="checkbox"/> Merck (MRK) <input type="checkbox"/> Other: _____	Route <input type="checkbox"/> injection → Site <input type="checkbox"/> <input type="checkbox"/> deltoid Depth <input type="checkbox"/> intramuscular <input type="checkbox"/> oral <input type="checkbox"/> <input type="checkbox"/> gluteus <input type="checkbox"/> subcutaneous <input type="checkbox"/> intranasal <input type="checkbox"/> <input type="checkbox"/> thigh <input type="checkbox"/> intradermal <input type="checkbox"/> inhalation <input type="checkbox"/> <input type="checkbox"/> other: _____ <input type="checkbox"/> topical cutaneous
At Age _____ <input type="checkbox"/> weeks <input type="checkbox"/> months <input type="checkbox"/> years	Lot No.	Source <input type="checkbox"/> private <input type="checkbox"/> county/city <input type="checkbox"/> state <input type="checkbox"/> federal <input type="checkbox"/> other: _____	Name of Person Administering Vaccine <i>Initials</i> Print VIS Publication Date(s) ¹ <i>Recipient Initials</i> ²								
Remarks:											

Date Administered <table style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									Vaccine Type or Brand Name	Manufacturer / Distributor <input type="checkbox"/> Aventis Pasteur (AVP) <input type="checkbox"/> Baxter (BAX) <input type="checkbox"/> Berna (BER) <input type="checkbox"/> BioPort (BPT) <input type="checkbox"/> Chiron (CHIR) <input type="checkbox"/> Evans (EVN) <input type="checkbox"/> GlaxoSmithKline (GSK) <input type="checkbox"/> Mass. (MAB) <input type="checkbox"/> Wyeth-Lederle (WAL) <input type="checkbox"/> Merck (MRK) <input type="checkbox"/> Other: _____	Route <input type="checkbox"/> injection → Site <input type="checkbox"/> <input type="checkbox"/> deltoid Depth <input type="checkbox"/> intramuscular <input type="checkbox"/> oral <input type="checkbox"/> <input type="checkbox"/> gluteus <input type="checkbox"/> subcutaneous <input type="checkbox"/> intranasal <input type="checkbox"/> <input type="checkbox"/> thigh <input type="checkbox"/> intradermal <input type="checkbox"/> inhalation <input type="checkbox"/> <input type="checkbox"/> other: _____ <input type="checkbox"/> topical cutaneous
At Age _____ <input type="checkbox"/> weeks <input type="checkbox"/> months <input type="checkbox"/> years	Lot No.	Source <input type="checkbox"/> private <input type="checkbox"/> county/city <input type="checkbox"/> state <input type="checkbox"/> federal <input type="checkbox"/> other: _____	Name of Person Administering Vaccine <i>Initials</i> Print VIS Publication Date(s) ¹ <i>Recipient Initials</i> ²								
Remarks:											

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Instructions for the Use of Vaccine Information Statements

Required Use

1. Provide Vaccine Information Statement (VIS) when vaccination is given.

As required under the National Childhood Vaccine Injury Act (42 U.S.C. §300aa-26), all health care providers in the United States who administer, **to any child or adult**, diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, hepatitis A, hepatitis B, *Haemophilus influenzae* type b (Hib), trivalent influenza, pneumococcal conjugate, meningococcal, rotavirus, human papillomavirus (HPV), or varicella (chickenpox) vaccines shall, **prior to administration of each dose of the vaccine**, provide a copy to keep of the relevant current edition vaccine information materials that have been produced by the Centers for Disease Control and Prevention (CDC):

- to the parent or legal representative* of any child to whom the provider intends to administer such vaccine, and
- to any adult to whom the provider intends to administer such vaccine. (In the case of an incompetent adult, relevant VISs shall be provided to the individual's legal representative.* If the incompetent adult is living in a long-term care facility, all relevant VISs may be provided at the time of admission, or at the time of consent if later than admission, rather than prior to each immunization.)

If there is not a single VIS for a combination vaccine, use the VISs for all component vaccines.

The materials shall be supplemented with visual presentations or oral explanations, as appropriate.

*"Legal representative" is defined as a parent or other individual who is qualified under State law to consent to the immunization of a minor child or incompetent adult.

2. Record information for each VIS provided.

Health care providers shall make a notation in each patient's permanent medical record at the time vaccine information materials are provided, indicating:

- (1) the edition date of the Vaccine Information Statement distributed, and
- (2) the date the VIS was provided.

This recordkeeping requirement supplements the requirement of 42 U.S.C. §300aa-25 that all health care providers administering these vaccines must record in the patient's permanent medical record (or in a permanent office log):

- (3) the name, address and title of the individual who administers the vaccine,
- (4) the date of administration, and
- (5) the vaccine manufacturer and lot number of the vaccine used.

Applicability of State Law

Health care providers should consult their legal counsel to determine additional State requirements pertaining to immunization. The Federal requirement to provide the vaccine information materials supplements any applicable State laws.

Availability of Copies

Single camera-ready copies of the vaccine information materials are available from State health departments. Copies are also available on CDC's website at www.cdc.gov/vaccines/pubs/vis.

Copies are available in English and in other languages.



Reference 42 U.S.C. §300aa-26

5/12/08

Current VIS Editions

Diphtheria, Tetanus, Pertussis (DTaP/DT): 5/17/07
Haemophilus influenzae type b: 12/16/98
Hepatitis A: 3/21/06
Hepatitis B: 7/18/07
Human Papillomavirus (HPV): 2/2/07
Inactivated Influenza: 7/16/07
Live, Intranasal Influenza: 10/4/07
Measles, Mumps, Rubella (MMR): 3/13/08
Meningococcal: 1/28/08
Pneumococcal conjugate: 9/30/02
Polio: 1/1/00
Rotavirus: 4/12/06
Tetanus Diphtheria (Td): 6/10/94
Tetanus, Diphtheria, Pertussis (Tdap): 7/12/06
Varicella (chickenpox): 3/13/08
Multi-Vaccine*: 1/30/08

* This VIS is as an optional alternative when two or more routine childhood vaccines (i.e., DTaP, hepatitis B, Hib, pneumococcal, polio, or rotavirus) are administered at the same visit.