

Vaccine Administration Record for Adults

Before administering any vaccines, give the patient copies of all pertinent Vaccine Information Statements (VISs) and make sure he/she understands the risks and benefits of the vaccine(s). Always provide or update the patient's personal record card.

Patient name Donna Oliphint

Birthdate _____ Chart number _____

PRACTICE NAME AND ADDRESS

**AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER
IRMA B. MOORE HALL RM. 102**

P.O. BOX 244023

MONTGOMERY, AL 36124-4023

Vaccine	Type of Vaccine ¹	Date vaccine given (mo/day/yr)	Funding Source (F,S,P) ²	Route ³ and Site ³	Vaccine		Statement (VIS)		Vaccinator ⁵ (signature or initials and title)
					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Tetanus, Diphtheria, Pertussis (e.g., Tdap, Td) Give IM. ³					LOT: H4A37 EXP: 10/18/21				
					NDC 58160-815-43				
					Hepatitis A & Hepatitis B (Recombinant) Vaccine TWINRIX®				
Hepatitis A (e.g., HepA, HepA-HepB®) Give IM. ³	6/26/19	HepA+B	P	IM	Mfd. by GlaxoSmithKline Biologicals		7/16	6/19	AM
	7/29/19	HepA+B	P	IM	LOT: H4A37 EXP: 10/18/21		7/16	7/29/19	
Hepatitis B ¹ (e.g., Engerix-B, Recombivax HB, Heplisav-B, HepA-HepB®) Give IM. ³					NDC 58160-815-43				
					Hepatitis A & Hepatitis B (Recombinant) Vaccine TWINRIX®				
Human papillomavirus (HPV2*, HPV4*, HPV9) Give IM. ³					Mfd. by GlaxoSmithKline Biologicals				
Measles, Mumps, Rubella (MMR) Give Subcut. ³					474193				
Varicella (chickenpox, VAR) Give Subcut. ³									
Meningococcal ACWY (e.g., MenACWY, MPSV4*) Give MenACWY IM. ³									
Meningococcal B (e.g., MenB) Give MenB IM. ³									

*HPV2, HPV4, and MPSV4 vaccines are no longer available in the U.S., but should be included in patient records for historical purposes.

▶ See page 2 to record influenza, pneumococcal, zoster, Hib, and other vaccines (e.g., travel vaccines).

How to Complete this Record

- With the exception of hepatitis B vaccines, record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine; for hepatitis B vaccines, record the trade name (see table at right).
- Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
- Record the route by which the vaccine was given as either intramuscular (IM), subcutaneous (Subcut [SC]), intradermal (ID), intranasal (NAS), or oral (PO) and also the site where it was administered as either RA (right arm), LA (left arm), RT (right thigh), or LT (left thigh).
- Record the publication date of each VIS as well as the date the VIS is given to the patient.
- To meet the space constraints of this form and federal requirements for documentation, a healthcare setting may want to keep a reference list of vaccinators that includes their initials and titles.
- For combination vaccines, fill in a row for each antigen in the combination.

Abbreviation	Trade Name and Manufacturer
Tdap	Adacel (Sanofi Pasteur); Boostrix (GlaxoSmithKline [GSK])
Td	Decavac, Tenivac (Sanofi Pasteur); generic Td (MA Biological Labs)
HepA	Havrix (GSK); Vaqta (Merck)
For hepatitis B, see footnote #1.	Engerix-B (GSK); Recombivax HB (Merck); Heplisav-B (Dynavax)
HepA-HepB	Twinrix (GSK)
HPV2*	Cervarix (GSK)
HPV4*, HPV9	Gardasil, Gardasil 9 (Merck)
MMR	MMRII (Merck)
VAR	Varivax (Merck)
MenACWY	Menactra (Sanofi Pasteur); Menveo (GSK)
MPSV4*	Menomune (Sanofi Pasteur)
MenB	Bexsero (GSK); Trumenba (Pfizer)

CONTINUED ON THE NEXT PAGE ▶

Technical content reviewed by the Centers for Disease Control and Prevention

Vaccine Administration Record for Adults (continued)

Patient name _____

Birthdate _____ Chart number _____

PRACTICE NAME AND ADDRESS

Before administering any vaccines, give the patient copies of all pertinent Vaccine Information Statements (VISs) 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 ¹	Date vaccine given (mo/day/yr)	Funding Source (F,S,P) ²	Route ³ and Site ³	Vaccine		Vaccine Information Statement (VIS)		Vaccinator ⁵ (signature or initials and title)
					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Influenza (e.g., IIV3, IIV4, ccIIV4, RIV3, RIV4, LAIV4) Give IIV3, IIV4, ccIIV3, RIV3, and RIV4 IM. ³ Give LAIV4 NAS. ³									
Pneumococcal conjugate (e.g., PCV13) Give PCV13 IM. ³									
Pneumococcal polysaccharide (e.g., PPSV23) Give PPSV23 IM or Subcut. ³									
Zoster (shingles) Give RZV IM ³ Give ZVL Subcut ³									
Hib Give IM. ³									
Other Typhoid	Typhoid	9/13/19		IM	PID631M	SP	5/12	9/13/19	Epstein

► See page 1 to record Tdap/Td, hepatitis A, hepatitis B, HPV, MMR, varicella, MenACWY, and MenB vaccines.

How to Complete this Record

- Record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine (see table at right).
- Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
- Record the route by which the vaccine was given as either intramuscular (IM), subcutaneous (Subcut [SC]), intradermal (ID), intranasal (NAS), or oral (PO) and also the site where it was administered as either RA (right arm), LA (left arm), RT (right thigh), or LT (left thigh).
- Record the publication date of each VIS as well as the date the VIS is given to the patient.
- To meet the space constraints of this form and federal requirements for documentation, a healthcare setting may want to keep a reference list of vaccinators that includes their initials and titles.

Abbreviation	Trade Name and Manufacturer
IIV3/IIV4 (inactivated influenza vaccine, trivalent or quadrivalent); ccIIV4 (cell culture-based inactivated influenza vaccine, quadrivalent); RIV3/RIV4 (inactivated recombinant influenza vaccine, trivalent or quadrivalent)	Fluarix, FluLaval (GSK); Afluria, Fluad, Flucelvax, Fluvirin (Seqirus); Flublok, Fluzone, Fluzone Intradermal, Fluzone High-Dose (Sanofi Pasteur)
LAIV (live attenuated influenza vaccine, quadrivalent)	FluMist (MedImmune)
PCV13	Pneumovax 13 (Pfizer)
PPSV23	Pneumovax 23 (Merck)
RZV (recombinant zoster vaccine) ZVL (zoster vaccine, live)	Shingrix, RZV (GSK); Zostavax, ZVL (Merck)
Hib	ActHIB (Sanofi Pasteur); Hiberix (GSK); PedvaxHib (Merck)

Screening Checklist for Contraindications to Vaccines for Adults

PATIENT NAME Donna Oliphint
DATE OF BIRTH 8 / 13 / 19
month day year

For patients: The following questions will help us determine which vaccines you may be given today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	yes	no	don't know
1. Are you sick today?	☐	☒	☐
2. Do you have allergies to medications, food, a vaccine component, or latex?	☐	☒	☐
3. Have you ever had a serious reaction after receiving a vaccination?	☐	☒	☐
4. Do you have a long-term health problem with heart, lung, kidney, or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, complement component deficiency, a cochlear implant, or a spinal fluid leak? Are you on long-term aspirin therapy? <u>part. heart blockage</u>	☒	☐	☐
5. Do you, or does a close family member, have cancer, leukemia, HIV/AIDS, or any other immune system problem?	☐	☒	☐
6. In the past 3 months, have you taken medications that affect your immune system, such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or have you had radiation treatments?	☐	☒	☐
7. Have you had a seizure or a brain or other nervous system problem?	☐	☒	☐
8. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?	☐	☒	☐
9. For women: Are you pregnant or is there a chance you could become pregnant during the next month?	☐	☒	☐
10. Have you received any vaccinations in the past 4 weeks?	☒	☐	☐

FORM COMPLETED BY Donna Oliphint DATE 9-13-19
FORM REVIEWED BY _____ DATE _____

Did you bring your immunization record card with you?

yes ☐ no ☒ you have it

It is important for you to have a personal record of your vaccinations. If you don't have a personal record, ask your healthcare provider to give you one. Keep this record in a safe place and bring it with you every time you seek medical care. Make sure your healthcare provider records all your vaccinations on it.

Screening Checklist for Contraindications to Vaccines for Adults

PATIENT NAME Donna B. Oliphant
DATE OF BIRTH 4 / 28 / 51
month day year

For patients: The following questions will help us determine which vaccines you may be given today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	yes	no	don't know
1. Are you sick today?	☐	☒	☐
2. Do you have allergies to medications, food, a vaccine component, or latex?	☐	☒	☐
3. Have you ever had a serious reaction after receiving a vaccination?	☐	☒	☐
4. Do you have a long-term health problem with <u>heart</u> , lung, kidney, or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, complement component deficiency, a cochlear implant, or a spinal fluid leak? Are you on <u>long-term aspirin therapy</u> ?	☒	☐	☐
5. Do you, or does a close family member, have cancer, leukemia, HIV/AIDS, or any other immune system problem?	☐	☒	☐
6. In the past 3 months, have you taken medications that affect your immune system, such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or have you had radiation treatments?	☐	☒	☐
7. Have you had a seizure or a brain or other nervous system problem?	☐	☒	☐
8. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?	☐	☒	☐
9. For women: Are you pregnant or is there a chance you could become pregnant during the next month?	☐	☒	☐
10. Have you received any vaccinations in the past 4 weeks?	☐	☒	☐

FORM COMPLETED BY Donna B. Oliphant DATE 7-29-19
FORM REVIEWED BY _____ DATE _____

Did you bring your immunization record card with you?

yes ☐ no ☒

It is important for you to have a personal record of your vaccinations. If you don't have a personal record, ask your healthcare provider to give you one. Keep this record in a safe place and bring it with you every time you seek medical care. Make sure your healthcare provider records all your vaccinations on it.

Amy Morris

From: Amy Morris
Sent: Monday, August 5, 2019 10:58 AM
To: 'doliphint@knology.net'
Subject: Immunizations

Mrs. Oliphint,

In anticipation of your upcoming trip, you have completed 2 of the recommended vaccines. This month it would be advisable to continue and I would recommend either the tetanus shot or the typhoid vaccine or both. Please call the number below for an appointment.

Thank you

A

Amy Morris, BSN, RN-BC

Certificate in Travel Health™
Auburn University Montgomery
Student Health Services
P.O. Box 244023
Montgomery, AL 36124
(P) 334-244-3281 (F) 334-244-3396

Vaccines

- Make sure you are up to date on ALL routine vaccines, specifically:

Take 1 month
ok
has had 2
Hep B and Hep A - for Hep B you may need to be revaccinated if only had this when you were a kid, you can ask for a titer to see if you need a booster. If you need the full shot series, it is a 3 shot series at 0, 1 and 6 months

x Td/Tdap (tetanus shot) - if you haven't had in the last 5 or so years I would get again

- Flu shot - I would recommend getting this before going, plus it will be flu season during that time anyways

x Meningococcal (specifically Men ACWY shot for overseas travel)

- If you meet the criteria for pneumococcal vaccine then get it - you probably do not meet the criteria and will not need this until you are older than 65. However, talk to your doctor who knows your full medical history to determine, as there are a handful of specific criteria to make you eligible for the shot prior to 65 years of age

- Other vaccines you will need:

3 months
Thyphoid - can get this from contaminated food/water, you can get this vaccine as an oral medication or a shot (I would do whichever is cheaper - probably the shot) you will need to get this at least 2 weeks before the trip

x Cholera - optional vaccine (for diarrhea from contaminated food/water) CDC even says the risk is really low for getting this. Honestly, if you wash your hands and don't eat or drink anything sketchy you should be fine!! I am not personally planning to get this one, but like it said it is completely optional and the risk is low so its up to you. (Plus I would take cost into consideration)

- Yellow fever - will need to get this one more than 10 days before travel
- Polio booster - if you were vaccinated as a child you will need a booster as an adult, if never vaccinated will need to be fully vaccinated.
- Be sure to bring your vaccination administration record (usually it is a yellow flip out card about the size of your passport and should have a list of all the vaccines you have gotten with the dates)
 - I always travel overseas with this card just in case my vaccine status is ever questioned through customs, etc (this has NEVER happened but I like to be prepared)

Malaria Medications

- Doxycycline 100 mg daily - personally, I do not recommend this one - it upsets a lot of people's stomachs and it causes skin sensitivity to the sun (you can get sunburned more

Screening Checklist for Contraindications to Vaccines for Adults

PATIENT NAME Donna Brown Oliphant
DATE OF BIRTH 04 / 28 / 51
month day year

For patients: The following questions will help us determine which vaccines you may be given today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	yes	no	don't know
1. Are you sick today?	☐	☒	☐
2. Do you have allergies to medications, food, a vaccine component, or latex?	☐	☒	☐
3. Have you ever had a serious reaction after receiving a vaccination?	☐	☒	☐
4. Do you have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorder?	☒ heart	☐	☐
5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem?	☐	☒	☐
6. In the past 3 months, have you taken medications that affect your immune system, such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or have you had radiation treatments?	☐	☒	☐
7. Have you had a seizure or a brain or other nervous system problem?	☐	☒	☐
8. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?	☐	☒	☐
9. For women: Are you pregnant or is there a chance you could become pregnant during the next month?	☐	☒	☐
10. Have you received any vaccinations in the past 4 weeks?	☐	☒	☐

FORM COMPLETED BY Donna Brown Oliphant DATE 6-26-19
FORM REVIEWED BY [Signature] DATE _____

Did you bring your immunization record card with you?

yes ☐ no ☒

It is important for you to have a personal record of your vaccinations. If you don't have a personal record, ask your healthcare provider to give you one. Keep this record in a safe place and bring it with you every time you seek medical care. Make sure your healthcare provider records all your vaccinations on it.