

Vaccine Administration Record for Adults

Patient name: Tennifer Dyess

Birthdate: _____

Chart number: _____

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). Give the patient an updated immunization record card whenever you administer vaccine.

Vaccine (and dose)	Date dose & VIS given mo/day/yr	Site and route (RA, LA, RT, LT)	Vaccine lot number	Vaccine manufacturer	VIS revision date*	Signature or initials of vaccine administrator	Comments
Tetanus/diphtheria - 1		IM					
Tetanus/diphtheria - 2		IM					
Tetanus/diphtheria - 3		IM					
Td booster	11/15/04	IM	V1185AA	Aventis	6/94	[Signature]	
Td booster		IM					
Td booster		IM					
Td booster		IM					
Hepatitis A - 1 ___ units		IM					
Hepatitis A - 2 ___ units		IM					
Hepatitis B - 1 ___ mcg		IM					
Hepatitis B - 2 ___ mcg		IM					
Hepatitis B - 3 ___ mcg		IM					
Hep A+B (Twinrix) - 1		IM					
Hep A+B (Twinrix) - 2		IM					
Hep A+B (Twinrix) - 3		IM					
MMR - 1		SC					
MMR - 2		SC					
Varicella - 1		SC					
Varicella - 2		SC					
Pneum poly (PPV23)		IM•SC					
Influenza		IM					
Influenza		IM					
Influenza		IM					
Influenza		IM					
Influenza		IM					
Influenza		IM					
Influenza		IM					
Other†							
Other†							
Other†							
Other†							

*A revision date is printed at the end of each Vaccine Information Statement (VIS). Record this date in this column. According to federal law, VISs must be given to patients before administering each dose of Td, MMR, varicella, or hepatitis B vaccine.

†Meningococcal vaccine is recommended for certain high-risk patients. Some high-risk patients may need a one-time revaccination with pneumococcal polysaccharide vaccine (PPV23).

Item #P2023 (4/02)

**AUM NURSING CARE CENTER
IMMUNIZATION RECORD**

PATIENT NAME: Jennifer Dyess BIRTHDATE: 10/13/66
ALLERGIES/MEDICAL ALERT: PCN

IMMUNIZATION	DATE	SITE	DOSE	MANUFACTURER	LOT #	COMMENTS	VIS	INITIALS
DPT								
DPaT								
DT								
Td BOOSTER	2/13/98	R Delt	.5cc	Connaught	6D81109		✓	TM
MMR								
MR								
HIB								
HEPATITS B								
OTHER								
TUBERCULIN TESTING PPD (MANTOUX) 0.1ml ID	DATE GIVEN	DATE READ	RESULTS	MFR	LOT #	COMMENTS	INITIALS	

INITIALS	SIGNATURE	INITIALS	SIGNATURE
TM	Jessie Melan, RN		