

Vaccine Administration Record for Adults

Patient name Nancy Hailstone
 Birthdate 04/3/56 Chart number _____

PRACTICE NAME AND ADDRESS

AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER
IRMA B. MOORE HALL RM. 102
P.O. BOX 244023

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: Y29KL EXP: 02/21/22	Mfr.	Date on VIS ⁴	Date given ⁴	
Tetanus, Diphtheria, Pertussis (e.g., Tdap, Td) Give IM. ³					LOT: Y29KL EXP: 02/21/22				
Hepatitis A (e.g., HepA, HepA-HepB ⁶) Give IM. ³		10/18/19	HepA (P)	IM	LOT: Y29KL EXP: 02/21/22	ESK	7/16	10/18/19	AM
Hepatitis B ¹ (e.g., Engerix-B, Recombivax HB, Heplisav-B, HepA-HepB ⁶) Give IM. ³									
Human papillomavirus (HPV2*, HPV4*, HPV9) Give IM. ³									
Measles, Mumps, Rubella (MMR) Give Subcut. ³									
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	Cardasil, 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

Screening Checklist for Contraindications to Vaccines for Adults

PATIENT NAME Nancy Hailstone
DATE OF BIRTH 01 / 03 / 1956
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? <i>Meds - pseudoephedrine codeine</i>	☒	☐	☐
4. Do you have a long-term health problem with heart disease, lung disease, <i>asthma</i> , kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorder?	☒	☐	☐
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? <i>Flu</i>	☒	☐	☐

FORM COMPLETED BY Nancy Hailstone DATE 10/17/19
FORM REVIEWED BY [Signature] DATE 10/17/19

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.