

Patient Name: _____ Date of Birth: _____	Clinic Name and Address _____ _____ _____	*VFC Status¹ (Patient's Vaccines For Children Program status) A = American Indian / Alaska Native N = No Insurance M = Medicaid U = Underinsured P = Private Insurance
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I have read or have had explained to me, information about the diseases and the vaccines listed below. I have had the chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the vaccines cited, and ask that the vaccine(s) listed below be given to me or to the person named above (for whom I am authorized to make this request). [Sign in the signature column for each vaccine row below.]

Vaccine document combos under each vaccine ²	Route	Date Administered (mm/dd/yy)	Dosage	Vaccine Manufacturer & Vaccine Lot #	Site	VIS Materials		Initials of Person Administering Vaccine	Signature of Parent or Guardian	VFC Status*
						Publication Date	Date Given			
Hep B - 1	IM									
Hep B - 2	IM									
Hep B - 3	IM									
Hep B	IM									
DTaP - 1	IM									
DTaP - 2	IM									
DTaP - 3	IM									
DTaP - 4	IM									
DTaP - 5	IM									
Hib - 1	IM									
Hib - 2	IM									
Hib - 3	IM									
Hib - 4	IM									
Polio - 1	SQ / IM									
Polio - 2	SQ / IM									
Polio - 3	SQ / IM									
Polio - 4	SQ / IM									
MMR - 1	SQ									
MMR - 2	SQ									
Varicella - 1	SQ									
Varicella - 2	SQ									
Influenza	IM / IN									
Influenza	IM / IN									
Influenza	IM / IN									
(See other side for additional influenza rows)										
Hep A - 1	IM									
Hep A - 2	IM									
Hep A	IM									
Rotavirus - 1	PO									
Rotavirus - 2	PO									
Rotavirus - 3	PO									
Other:										

Initials & Signatures of Persons Administering Vaccine

1 If using this form to record VFC status: Keep this form in the child's medical record; Complete the VFC Status column for every vaccination given to every child less than 19 years of age. Parent, guardian or legal representative, or health care provider may provide VFC status information. This form must be made available on request for a site review.

2 For combination vaccines, fill in a row for each separate antigen in the combination.



Vaccine Administration Record, page 2

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						Publication Date	Date Given			
Tdap - 1	IM									
Td - 1	IM									
Td - 2	IM									
Td - 3	IM									
Td - 4	IM									
MCV4 - 1	IM									
MCV4	IM									
MPSV4 -1	SQ									
MPSV4	SQ									
PCV - 1	IM									
PCV - 2	IM									
PCV - 3	IM									
PCV - 4	IM									
PPV - 1	SQ / IM									
PPV - 2	SQ / IM									
HPV - 1	IM									
HPV - 2	IM									
HPV - 3	IM									
Herpes Zoster	SQ									
Influenza	IM / IN									
Influenza	IM / IN									
Influenza	IM / IN									
Influenza	IM / IN									
Influenza	IM / IN									
Influenza	IM / IN									
Influenza	IM / IN									
Influenza	IM / IN									
Influenza	IM / IN									
Influenza	IM / IN									
Influenza	IM / IN									
Other:										

Initials & Signatures of Persons Administering Vaccine

_____	_____
_____	_____

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