

# Immunization Record and History

PATIENT NAME (Last Name, First Name, Middle Initial)			NUMBER
BIRTHDATE	<input type="checkbox"/> Male <input type="checkbox"/> Female	KNOWN REACTIONS TO VACCINES/ALLERGIES	PRACTICE NAME/ADDRESS
VACCINES FOR CHILDREN (VFC) ELIGIBILITY (check one)		Under-insured (insurance does not cover immunizations) may be vaccinated with VFC vaccines only at federally qualified and rural health centers	
<input type="checkbox"/> CHDP/Medi-Cal eligible	<input type="checkbox"/> No health insurance	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Not eligible

**If a combination vaccine (e.g., DTaP+IPV+HepB or DTaP+IPV+Hib) is used, record dose in each section.**

VACCINE	DOSE	DATE GIVEN*	TRADE NAME/MANUFACTURER AND LOT NUMBER	ADMINISTERED BY	SITE** VIS I.D.†	VACCINE	DOSE	DATE GIVEN*	TRADE NAME/MANUFACTURER AND LOT NUMBER	ADMINISTERED BY	SITE** VIS I.D.†
HepB	1				<i>IM</i>	PCV	1				<i>IM</i>
HepB	2				<i>IM</i>	PCV	2				<i>IM</i>
HepB	3				<i>IM</i>	PCV	3				<i>IM</i>
HepB					<i>IM</i>	PCV	4				<i>IM</i>
RV	1				<i>oral</i>	IPV	1				<i>IM or SC</i>
RV	2				<i>oral</i>	IPV	2				<i>IM or SC</i>
RV	3				<i>oral</i>	IPV	3				<i>IM or SC</i>
DTaP	1				<i>IM</i>	IPV	4				<i>IM or SC</i>
DTaP	2				<i>IM</i>	MMR	1				<i>SC</i>
DTaP	3				<i>IM</i>	MMR	2				<i>SC</i>
DTaP	4				<i>IM</i>	VAR	1				<i>SC</i>
DTaP	5				<i>IM</i>	VAR	2				<i>SC</i>
HIB	1				<i>IM</i>	HepA	1				<i>IM</i>
HIB	2				<i>IM</i>	HepA	2				<i>IM</i>
HIB	3				<i>IM</i>						
HIB	4				<i>IM</i>						

**Abbreviation Trade Name & Manufacturer**  
**DTaP** Daptacel (sanofi); Infanrix (GlaxoSmithKline [GSK]);  
**DTaP-HepB-IPV** Pediarix (GSK)  
**DTaP-IPV/Hib** Pentacel (sanofi)  
**DTaP-IPV** Kinrix (GSK)  
**HepB** Engerix-B (GSK); Recombivax HB (Merck)  
**Hib** ActHIB (sanofi); Hiberix (GSK); PedvaxHIB (Merck)  
**IPV** Ipol (sanofi)  
**PCV13** Prevnar 13 (Pfizer)  
**RV1** Rotarix (GSK)  
**RV5** RotaTeq (Merck)  
**Tdap** Adacel (sanofi); Boostrix (GSK)  
**MMR** M-M-R<sub>II</sub> (Merck)  
**MMRV** ProQuad (Merck)  
**VAR** Varivax (Merck)  
**HepA** Havrix (GSK); Vaqta (Merck)  
[www.cdc.gov/vaccines/hcp/vis/index.html](http://www.cdc.gov/vaccines/hcp/vis/index.html)

\* **Date Given** is the date you gave the patient the Vaccine Information Statement (VIS) and you administered the vaccine.

\*\* **Site:** Abbreviations are LD=left deltoid or left outer upper arm, LT=left thigh, RD=right deltoid or right outer upper arm, RT=right thigh. Proper route indicated by italics: IM=intramuscular, SC=subcutaneous.

† **VIS**—Vaccine Information Statement. Each VIS has an issue date in the lower corner; record the VIS issue date here. The VIS should be given to the patient/parent before each dose of vaccine is administered. Each VIS can be downloaded from [www.immunize.org/vis](http://www.immunize.org/vis).

Note: If you are recording a vaccine given elsewhere, record date dose was given, write in "elsewhere" or "transcribed" and name of provider.

# Immunization Record and History, continued

VACCINE	DATE GIVEN*	TRADE NAME/MANUFACTURER AND LOT NUMBER	ADMINISTERED BY	SITE**	VACCINE	DOSE	DATE GIVEN*	TRADE NAME/MANUFACTURER AND LOT NUMBER	ADMINISTERED BY	SITE**
				VIS I.D.†						VIS I.D.†
IIV/LAIV (Flu)				IM/Nasal	HPV	1				IM
IIV/LAIV (Flu)				IM/Nasal	HPV	2				IM
IIV/LAIV (Flu)				IM/Nasal	HPV	3				IM
IIV/LAIV (Flu)				IM/Nasal	MCV4/ MenACWY	1				IM
IIV/LAIV (Flu)				IM/Nasal	MCV4/ MenACWY	2				IM
IIV/LAIV (Flu)				IM/Nasal	MenB	1				IM
IIV/LAIV (Flu)				IM/Nasal	MenB	2				IM
IIV/LAIV (Flu)				IM/Nasal	MenB					IM
IIV/LAIV (Flu)				IM/Nasal	Tdap	1				IM
IIV/LAIV (Flu)				IM/Nasal	Tdap					IM
IIV/LAIV (Flu)				IM/Nasal	Tdap					IM
IIV/LAIV (Flu)				IM/Nasal						
IIV/LAIV (Flu)				IM/Nasal						
IIV/LAIV (Flu)				IM/Nasal						
IIV/LAIV (Flu)				IM/Nasal						
IIV/LAIV (Flu)				IM/Nasal						
IIV/LAIV (Flu)				IM/Nasal						
IIV/LAIV (Flu)				IM/Nasal						
IIV/LAIV (Flu)				IM/Nasal						
IIV/LAIV (Flu)				IM/Nasal						
IIV/LAIV (Flu)				IM/Nasal						

**Abbreviation Trade Name & Manufacturer**

**HPV2** Cervarix (GSK)  
**HPV4** Gardasil (Merck)  
**HPV9** Gardasil9 (Merck)  
**LAIV** (Live attenuated influenza vaccine) FluMist (MedImmune)  
**IIV** (Inactivated influenza vaccine)  
 For latest formulations, see: [eziz.org/assets/docs/IMM-895.pdf](http://eziz.org/assets/docs/IMM-895.pdf)  
**MCV4/MenACWY** Menactra (sanofi pasteur); Menveo (Novartis)  
**MenB** Bexsero (GSK/Novartis)  
 Trumenba (Pfizer)