

Immunization Record and History

PATIENT NAME (Last Name, First Name, Middle Initial)			NUMBER
BIRTHDATE	☐ Male ☐ Female	KNOWN REACTIONS TO VACCINES/ALLERGIES	PRACTICE NAME/ADDRESS
VACCINES FOR CHILDREN (VFC) ELIGIBILITY (check one) ☐ Medi-Cal eligible ☐ No health insurance ☐ American Indian/ Alaskan Native ☐ Under-insured (insurance does not cover immunizations) may be vaccinated with VFC vaccines only at federally qualified and rural health centers ☐ 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	ADMINIS-TERED BY	SITE**	VACCINE	DOSE	DATE GIVEN*	TRADE NAME/MANUFACTURER AND LOT NUMBER	ADMINIS-TERED BY	SITE**
					VIS I.D.†						VIS I.D.†
HepB	1				IM	RSV	1				IM
HepB	2				IM	RSV					IM
HepB	3				IM	PCV	1				IM
HepB					IM	PCV	2				IM
RV	1				oral	PCV	3				IM
RV	2				oral	PCV	4				IM
RV	3				oral	IPV	1				IM or SC
DTaP	1				IM	IPV	2				IM or SC
DTaP	2				IM	IPV	3				IM or SC
DTaP	3				IM	IPV	4				IM or SC
DTaP	4				IM	MMR	1				SC
DTaP	5				IM	MMR	2				SC
HIB	1				IM	VAR	1				SC
HIB	2				IM	VAR	2				SC
HIB	3				IM	HepA	1				IM
HIB	4				IM	HepA	2				IM

* **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.

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

Abbreviation Trade Name & Manufacturer

DTaP Daptacel (sanofi); Infanrix (GlaxoSmithKline [GSK]);
DTaP-HepB-IPV Pediarix (GSK)
DTaP-IPV Kinrix (GSK); Quadracel (sanofi)
DTaP-IPV/Hib Pentacel (sanofi)
DTaP-IPV-Hib-HepB Vaxelis (Merck Sanofi)
HepA Havrix (GSK); Vagta (Merck)
HepB Engerix-B (GSK); Recombivax HB (Merck)
Hib ActHIB (sanofi); Hiberix (GSK); PedvaxHIB (Merck)

IPV Ipol (sanofi)
PCV 15 Vaxneuvance (Merck)
PCV 20 Prevnar20 (Pfizer)
RV1 Rotarix (GSK), **RV5** RotaTeq (Merck)
RSV-mAb Beyfortus (nirsevimab-alip) (Sanofi)
RSV (maternal vaccination) Abrysvo (Pfizer)
MMR M-M-Ril (Merck), Priorix (GSK)
MMRV ProQuad (Merck)
VAR Varivax (Merck)

Immunization Record and History, continued

VACCINE	DOSE	DATE GIVEN*	TRADE NAME/MANUFACTURER AND LOT NUMBER	ADMINIS-TERED BY	SITE**	VACCINE	DATE GIVEN*	TRADE NAME/MANUFACTURER AND LOT NUMBER	ADMINIS-TERED BY	SITE**
					VIS I.D.†					VIS I.D.†
HPV	1				IM	IIV/LAIV (Flu)				IM/Nasal
HPV	2				IM	IIV/LAIV (Flu)				IM/Nasal
HPV	3				IM	IIV/LAIV (Flu)				IM/Nasal
MenACWY	1				IM	IIV/LAIV (Flu)				IM/Nasal
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
COVID-19					IM	IIV/LAIV (Flu)				IM/Nasal
COVID-19					IM	IIV/LAIV (Flu)				IM/Nasal
COVID-19					IM	IIV/LAIV (Flu)				IM/Nasal
COVID-19					IM	IIV/LAIV (Flu)				IM/Nasal
COVID-19					IM	IIV/LAIV (Flu)				IM/Nasal
COVID-19					IM	IIV/LAIV (Flu)				IM/Nasal

Abbreviation Trade Name & Manufacture

COVID-19 Pfizer, Moderna, Novavax

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

MenABCWY Penbraya (Pfizer)

MenACWY Menveo (GSK), MenQuadfi (Sanofi)

MenB Bexsero (GSK/Novartis), Trumenba (Pfizer)

Tdap Adacel (sanofi); Boostrix (GSK)