

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) <input type="checkbox"/> Medi-Cal Eligible <input type="checkbox"/> No Health Insurance <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Not Eligible <input type="checkbox"/> Under-Insured (insurance does not cover immunizations, VFC-eligible only at Federally Qualified and Rural Health Centers)			

If a combination vaccine (example: 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 ID+	Vaccine	Dose	Date Given*	Trade Name/Manufacturer and Lot Number	Administered By	Site** VIS ID+
HepB	1				IM	RSV	1		<input type="checkbox"/> Mom <input type="checkbox"/> Infant		IM
HepB	2				IM	RSV					IM
HepB	3				IM	PCV/PPSV	1				IM or SC
HepB					IM	PCV/PPSV	2				IM or SC
RV	1				oral	PCV/PPSV	3				IM or SC
RV	2				oral	PCV/PPSV	4				IM or SC
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 or IM
DTaP	5				IM	MMR	2				SC or IM
HIB	1				IM	VAR	1				SC or IM
HIB	2				IM	VAR	2				SC or IM
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 in column: 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 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	Dose	Date Given*	Trade Name/Manufacturer and Lot Number	Administered By	Site** VIS ID+	Vaccine	Date Given*	Trade Name/Manufacturer and Lot Number	Administered By	Site** VIS ID+
HPV	1				IM	IIV/LAIV				IM/Nasal
HPV	2				IM	IIV/LAIV				IM/Nasal
HPV	3				IM	IIV/LAIV				IM/Nasal
MenACWY	1				IM	IIV/LAIV				IM/Nasal
MenACWY	2				IM	IIV/LAIV				IM/Nasal
MenB	1				IM	IIV/LAIV				IM/Nasal
MenB	2				IM	IIV/LAIV				IM/Nasal
MenB					IM	IIV/LAIV				IM/Nasal
Tdap	1				IM	IIV/LAIV				IM/Nasal
Tdap					IM	IIV/LAIV				IM/Nasal
Tdap					IM	IIV/LAIV				IM/Nasal
COVID-19					IM	IIV/LAIV				IM/Nasal
COVID-19					IM	IIV/LAIV				IM/Nasal
COVID-19					IM	IIV/LAIV				IM/Nasal
COVID-19					IM	IIV/LAIV				IM/Nasal
COVID-19					IM	IIV/LAIV				IM/Nasal
COVID-19					IM	IIV/LAIV				IM/Nasal

Abbreviation Trade Name & Manufacturer

COVID-19 Pfizer, Moderna, Novavax
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), Vaqta (Merck)
HepB Engerix-B (GSK), Recombivax HB (Merck)
Hib ActHIB (sanofi), Hiberix (GSK), PedvaxHIB (Merck)
HPV9 Gardasil9 (Merck)

IIV (Inactivated influenza vaccine) For latest formulations, search for IMM-859 at EZIZ.org.
IPV Ipol (sanofi)
LAIV (Live attenuated influenza vaccine) FluMist (MedImmune)
MenABCWY Penbraya (Pfizer), Penmeny (GSK)
MenACWY Menveo (GSK), MenQuadfi (Sanofi)
MenB Bexsero (GSK/Novartis), Trumenba (Pfizer)
MMR M-M-RII (Merck), Priorix (GSK)MMRV ProQuad (Merck)VAR Varivax (Merck)

MMRV ProQuad (Merck)
PCV 15 Vaxneuvance (Merck) PCV 20 Prevnar20 (Pfizer)
PCV 20 Prevnar20 (Pfizer)
PPSV 23 Pneumovax 23 (Merck)
RSV (maternal vaccination) Abrysvo (Pfizer)
RSV-mAb Beyfortus (nirsevimab-alip) (Sanofi), Enflonsia (clesrovimab-cfor) (Merck)
RV Rotarix (GSK), RV5 RotaTaq (Merck)
Tdap Adacel (sanofi), Boostrix (GSK)
VAR Varivax (Merck)