

1. Last Name First Name MI

2. Patient Number

3. Date of Birth  
 Month Day Year

4. Race  1. White  2. Black  3. Am. Indian/Alaskan Native  4. Asian/Pacific Islander  5. Other: \_\_\_\_\_  
 Ethnicity: Hispanic Origin?  1. Yes  2. No

5. Sex  1. Male  2. Female

6. County of Residence

NC Department of Health and Human Services  
 Division of Public Health  
 Immunization Branch

## Childhood Vaccine Administration Record

\* I/parental designee have received the "Vaccine Information Statements" (VIS) about the disease(s) and vaccine(s). I have had a chance to review the VIS(s) and to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine(s) and request the vaccine(s) indicated below be given to me or the person named above for whom I am authorized to make this request.

Eligibility Status <sup>1</sup>	Vaccine Administered (circle one)	Date Admin.	Admin. Site <sup>2</sup> /Route <sup>3</sup>	Mfr. and Lot No.	Expiration Date	Contra-indication	*Consent or Authorization Signature	**Provider's Signature	Date Printed on VIS
	DTaP/DTP/DT #1								
	DTaP/DTP/DT #2								
	DTaP/DTP/DT #3								
	DTaP/DTP/DT #4								
	DTaP/DTP/DT #5								
	Hib #1								
	Hib #2								
	Hib #3								
	Hib #4								
	IPV/OPV #1								
	IPV/OPV #2								
	IPV/OPV #3								
	IPV/OPV #4								
	Hep B #1								
	Hep B #2								
	Hep B #3								
	MMR #1								
	MMR #2								
	Varicella #1								
	Varicella #2								
	PCV #1								
	PCV #2								
	PCV #3								
	PCV #4								
	Td #1								
	Td #2								
	Td #3								
	PPV23 #1								
	PPV23 #2								
	Influenza								
	Influenza								
	Hep A #1								
	Hep A #2								
	RV #1								
	RV #2								
	RV #3								
	Tdap								
	Meningococcal #1								
	Meningococcal #2								
	HPV #1								
	HPV #2								
	HPV #3								

## Vaccine Administration Record

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Last) (First) (Middle) Mo. Day Year

\* I/parental designee have received the "Vaccine Information Statements" (VIS) about the disease(s) and vaccine(s). I have had a chance to review the VIS(s) and to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine(s) and request the vaccine(s) indicated below be given to me or the person named above for whom I am authorized to make this request.

Eligibility Status <sup>1</sup>	Vaccine Administered <i>(circle one)</i>	Date Admin.	Admin. Site <sup>2</sup> / Route <sup>3</sup>	Mfr. and Lot No.	Expiration Date	Contra-indication	*Consent or Authorization Signature	**Provider's Signature	Date Printed on VIS
	Men B #1								
	Men B #2								

**Allergies, TB Skin Test, Notes:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\* I am authorized by the parent, guardian, or person standing in loco parentis of the above-named child to obtain needed immunizations for the child.  
 \*\* I have asked about immunizations and prior reactions. According to informant, none have occurred.

- |  |   |
|--|---|
| <p><b><sup>1</sup>Eligibility Status:</b> A – American Indian /Alaskan Native<br/>         M – Medicaid<br/>         N – Not Insured<br/>         U – Underinsured (insurance does not cover any portion of the cost of the vaccine)<br/>         H – NC Health Choice for Children<br/>         I – Insured</p> | <p><b><sup>2</sup>Admin. Site:</b> RA = Right Arm<br/>         LA = Left Arm<br/>         RT = Right Thigh<br/>         LT = Left Thigh</p> <p><b><sup>3</sup>Admin. Route:</b> IM = Intramuscular<br/>         SC = Subcutaneous<br/>         Oral</p> |
|--|---|

**Purpose:** To document vaccines administered.

**Preparation:** Update demographic information and complete at each vaccine administration. Directions: Complete all requested information for each vaccine administered.

**Distribution:** Health Care Provider will maintain Vaccine Administration Record in individual's medical record.

**Disposition:** This form is to be retained in accordance with the *Records Retention and Disposition Schedule* of medical records as issued by the NC Division of Archives and History.

Form can be found at [http://immunize.nc.gov/providers/ncip/pdf/vaccine\\_admin\\_record.pdf](http://immunize.nc.gov/providers/ncip/pdf/vaccine_admin_record.pdf)