

# Vaccine Administration Record for Children and Teens

Patient name \_\_\_\_\_

Birthdate \_\_\_\_\_ Chart number \_\_\_\_\_

PRACTICE NAME AND ADDRESS

Before administering any vaccines, give copies of all pertinent Vaccine Information Statements (VISs) to the child's parent or legal representative and make sure they understand the risks and benefits of the vaccine(s). Always provide or update the patient's personal record card.

Vaccine	Type of Vaccine <sup>1</sup>	Date Vaccine Given (mo/day/yr)	Funding Source (F,S,P) <sup>2</sup>	Route & Site <sup>3</sup>	Vaccine		Vaccine Information Statement (VIS)		Vaccinator <sup>5</sup> (signature or initials and title)
					Lot #	Mfr.	Date on VIS <sup>4</sup>	Date given <sup>4</sup>	
<b>Hepatitis B<sup>6</sup></b> (e.g., HepB, DTaP-HepB-IPV, DTaP-IPV-Hib-HepB, HepA-HepB) Give IM. <sup>3</sup>									
<b>RSV-mAb<sup>7</sup></b> Give IM. <sup>3</sup>									
<b>Diphtheria, Tetanus, Pertussis<sup>6</sup></b> (e.g., DTaP, DTaP-HepB-IPV, DTaP-IPV-Hib-HepB, DTaP-IPV/Hib, DTaP-IPV, Tdap, Td) Give IM. <sup>3</sup>									
<b>Haemophilus influenzae type b<sup>6</sup></b> (e.g., Hib, Hib-DTaP-IPV/Hib, DTaP-IPV-Hib-HepB) Give IM. <sup>3</sup>									
<b>Polio<sup>6</sup></b> (e.g., IPV, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV, DTaP-IPV-Hib-HepB) Give IPV Subcut or IM. <sup>3</sup> Give all others IM. <sup>3</sup>									
<b>Pneumococcal</b> (e.g., PCV15, PCV20; PPSV23) Give PCV IM. <sup>3</sup> Give PPSV23 Subcut or IM. <sup>3</sup>									
<b>Rotavirus (RV1, RV5)</b> Give orally (po).									

Abbreviation	Trade Name and Manufacturer
DTaP	Daptacel (Sanofi); Infanrix (GSK); Tripedia (Sanofi)
DTaP-HepB-IPV	Pediarix (GSK)
DTaP-IPV/Hib	Pentacel (Sanofi)
DTaP-IPV	Kinrix (GSK); Quadracel (Sanofi)
DTaP-IPV-Hib-HepB	Vaxelis (MCM Vaccine)
Tdap	Adacel (Sanofi); Boostrix (GSK)
Td	Tenivac (Sanofi); Tdvax (MA Biological Labs)
HepB (see note #1)	Engerix-B (GSK); Recombivax HB (Merck); Heplisav-B (Dynavax) for 18 yrs & older
HepA-HepB	Twinrix (GSK) for teens age 18 yrs & older
Hib	ActHIB (Sanofi); Hiberix (GSK); PedvaxHIB (Merck)
IPV	IPOL (Sanofi)
RSV-mAb	Beyfortus (Sanofi)
PCV15; PCV20; PCV21	PCV15: Vaxneuvance (Merck); PCV20: Prevnar 20 (Pfizer); PCV21: Capvaxine (Merck) 18 yrs & older
PPSV23	Pneumovax 23 (Merck)
RV1; RV5	RV1: Rotarix (GSK); RV5: RotaTaq (Merck)

## How to Complete this Record

CONTINUED ON THE BACK ►

- Record the standard abbreviation (e.g., Tdap) or the trade name for each vaccine (see table at left). Use trade name for HepB if vaccinating an older teen (schedule varies by brand).
- Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
- Record the route by which the vaccine was given as either intramuscular (IM), subcutaneous (Subcut), or intranasal (NAS), and also the site where vaccine was administered as either RA (right arm), LA (left arm), RT (right thigh), LT (left thigh), or NAS (intranasal).
- Record the publication date of each VIS as well as the date the VIS is given to the patient.
- To meet the space constraints of this form and federal requirements for documentation, a healthcare setting should keep a reference list of vaccinators that includes their initials and titles.
- For combination vaccines, fill in a row for each antigen in the combination.
- RSV monoclonal antibody (mAb) is a passive immunization product, not a vaccine, routinely recommended for seasonal prevention of RSV disease in infants. Record administration in an equivalent manner.



# Vaccine Administration Record for Children and Teens (continued)

Patient name \_\_\_\_\_

Birthdate \_\_\_\_\_ Chart number \_\_\_\_\_

Before administering any vaccines, give copies of all pertinent Vaccine Information Statements (VISs) to the child's parent or legal representative and make sure they understand the risks and benefits of the vaccine(s). Always provide or update the patient's personal record card.

PRACTICE NAME AND ADDRESS

Vaccine	Type of Vaccine <sup>1</sup>	Date Vaccine Given (mo/day/yr)	Funding Source (F,S,P) <sup>2</sup>	Route & Site <sup>3</sup>	Vaccine		Vaccine Information Statement (VIS)		Vaccinator <sup>5</sup> (signature or initials and title)
					Lot #	Mfr.	Date on VIS <sup>4</sup>	Date given <sup>4</sup>	
<b>Measles, Mumps, Rubella<sup>6</sup></b> (e.g., MMR, MMRV) Give MMRII and MMRV Subcut or IM; give Priorix Subcut. <sup>3</sup>									
<b>Varicella<sup>6</sup></b> (e.g., VAR, MMRV) Give Subcut or IM. <sup>3</sup>									
<b>Hepatitis A<sup>6</sup></b> (HepA, HepA-HepB) Give IM. <sup>3</sup>									
<b>Meningococcal ACWY<sup>6</sup></b> (MenACWY, MenABCWY) Give IM. <sup>3</sup>									
<b>Meningococcal B<sup>6</sup></b> (MenB-4C, MenB-FHbp, MenABCWY) Give IM. <sup>3</sup>									
<b>Human papillomavirus (HPV)</b> Give IM. <sup>3</sup>									
<b>Influenza</b> (IIV, cclIV, RIV, LAIV) Give IIV, cclIV, and RIV IM. <sup>3</sup> Give LAIV NAS. <sup>3</sup>									
<b>COVID-19</b> (e.g., 1vCOV-mRNA; 1vCOV-aPS) Give IM. <sup>3</sup>									
<b>Other</b> (e.g., Mpox)									

Abbreviation	Trade Name and Manufacturer
MMR	MMR II (Merck); Priorix (GSK)
VAR	Varivax (Merck)
MMRV	ProQuad (Merck)
HepA	Havrix (GSK); Vaqta (Merck)
HepA-HepB	Twinrix (GSK) for teens age 18 and older
MenABCWY (see note #1)	Penbraya (Pfizer); Penmenvy (GSK)
MenACWY	MenQuadfi (Sanofi); Menveo (GSK)
MenB-4C (see note #1)	Bexsero (GSK)
MenB-FHbp (see note #1)	Trumenba (Pfizer)
HPV	Gardasil 9 (Merck)
cclIV (cell culture-based IIV)	Flucelvax (Seqirus) for teens 18 and older
IIV (inactivated influenza vaccine)	Fluarix, FluLaval (GSK); Afluria (Seqirus); Flubok (Sanofi)
LAIV (live attenuated influenza vaccine)	FluMist (AstraZeneca)
RIV (recombinant influenza vaccine)	RIV: Flublok (Sanofi) for teens 18 and older
1vCOV-mRNA (see note #1)	Comirnaty (Pfizer-BioNTech); Spikevax (Moderna)
1vCOV-aPS (see note #1)	Novavax (Novavax)
Other (e.g., Mpox)	Jynneos (Bavarian Nordic)

## How to Complete this Record

- For meningococcal B vaccines (MenB or MenABCWY) and COVID-19 vaccines, record the trade name (see table at left); for all other vaccines, record the standard abbreviation (e.g., HPV) or trade name for each vaccine (see table at left).
- Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
- Record the route by which the vaccine was given as either intramuscular (IM), subcutaneous (Subcut), or intranasal (NAS), and also the site where vaccine was administered as either RA (right arm), LA (left arm), RT (right thigh), LT (left thigh), or NAS (intranasal).
- Record the publication date of each VIS as well as the date the VIS is given to the patient.
- To meet the space constraints of this form and federal requirements for documentation, a healthcare setting should keep a reference list of vaccinators that includes their initials and titles.
- For combination vaccines, fill in a row for each antigen in the combination.