

Immunization Record and History

PATIENT NAME (Last Name, First Name, Middle Initial) Prete, Austin C.			NUMBER
BIRTHDATE 05/11/1997	<input type="checkbox"/> Male <input type="checkbox"/> Female	KNOWN REACTIONS TO VACCINES/ALLERGIES	PRACTICE NAME/ADDRESS drchrono 1001 N Rengstorff Ave. Mountain View, CA 94043
VACCINES FOR CHILDREN (VFC) ELIGIBILITY (check one) <input type="checkbox"/> CHDP/Medi-Cal eligible <input type="checkbox"/> No health insurance <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Under-insured (insurance does not cover immunizations) may be vaccinated with VFC vaccines only at federally qualified and rural health centers <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	06/15/2015	Merck 100320	06/15/2015	IM LD 03/13/2008	PCV	1	06/15/2015	Merck 100320	06/15/2015	IM LD 03/13/2008
HepB	2	06/15/2015	Merck 100320	06/15/2015	IM LD 03/13/2008	PCV	2	06/15/2015	Merck 100320	06/15/2015	IM LD 03/13/2008
HepB	3	06/15/2015	Merck 100320	06/15/2015	IM LD 03/13/2008	PCV	3	06/15/2015	Merck 100320	06/15/2015	IM LD 03/13/2008
HepB		06/15/2015	Merck 100320	06/15/2015	IM LD 03/13/2008	PCV	4	06/15/2015	Merck 100320	06/15/2015	IM LD 03/13/2008
RV	1	06/15/2015	Merck 100320	06/15/2015	oral LD 03/13/2008	IPV	1	06/15/2015	Merck 100320	06/15/2015	IM or SC LD 03/13/2008
RV	2	06/15/2015	Merck 100320	06/15/2015	oral LD 03/13/2008	IPV	2	06/15/2015	Merck 100320	06/15/2015	IM or SC LD 03/13/2008
RV	3	06/15/2015	Merck 100320	06/15/2015	oral LD 03/13/2008	IPV	3	06/15/2015	Merck 100320	06/15/2015	IM or SC LD 03/13/2008
DTaP	1	06/15/2015	Merck 100320	06/15/2015	IM LD 03/13/2008	IPV	4	06/15/2015	Merck 100320	06/15/2015	IM or SC LD 03/13/2008
DTaP	2	06/15/2015	Merck 100320	06/15/2015	IM LD 03/13/2008	MMR	1	06/15/2015	Merck 100320	06/15/2015	SC LD 03/13/2008
DTaP	3	06/15/2015	Merck 100320	06/15/2015	IM LD 03/13/2008	MMR	2	06/15/2015	Merck 100320	06/15/2015	SC LD 03/13/2008
DTaP	4	06/15/2015	Merck 100320	06/15/2015	IM LD 03/13/2008	VAR	1	06/15/2015	Merck 100320	06/15/2015	SC LD 03/13/2008
DTaP	5	06/15/2015	Merck 100320	06/15/2015	IM LD 03/13/2008	VAR	2	06/15/2015	Merck 100320	06/15/2015	SC LD 03/13/2008
HIB	1	06/15/2015	Merck 100320	06/15/2015	IM LD 03/13/2008	HepA	1	06/15/2015	Merck 100320	06/15/2015	IM LD 03/13/2008
HIB	2	06/15/2015	Merck 100320	06/15/2015	IM LD 03/13/2008	HepA	2	06/15/2015	Merck 100320	06/15/2015	IM LD 03/13/2008
HIB	3	06/15/2015	Merck 100320	06/15/2015	IM LD 03/13/2008	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 _{II} (Merck) MMRV ProQuad (Merck) VAR Varivax (Merck) HepA Havrix (GSK); Vaqta (Merck) www.cdc.gov/vaccines/hcp/vis/index.html					
HIB	4	06/15/2015	Merck 100320	06/15/2015	IM LD 03/13/2008						

* **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.

Immunization Record and History, continued

VACCINE	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.†
IIV/LAIV (Flu)	06/15/2015	Merck 100320	06/15/2015	IM/Nasal LD 03/13/2008	HPV	1				IM
IIV/LAIV (Flu)	06/15/2015	Merck 100320	06/15/2015	IM/Nasal LD 03/13/2008	HPV	2				IM
IIV/LAIV (Flu)				IM/Nasal	HPV	3				IM
IIV/LAIV (Flu)				IM/Nasal	MCV4	1				IM
IIV/LAIV (Flu)				IM/Nasal	MCV4	2				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						
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)

LAIV (Live attenuated influenza vaccine) FluMist (MedImmune)

IIV (Inactivated influenza vaccine)

For latest formulations, see: eziz.org/assets/docs/IMM-895.pdf

MCV4 Menactra (sanofi pasteur); Menveo (Novartis)