"elsewhere" or "transcribed" and name of provider.

## Immunization Record and History

				<b>12</b> 41					<u>u</u>	4114		310	<u> </u>
PATIENT	NAME (	Last Name, I	First Name, Middl	e Initial)							NUMBER		
BIRTHDATE				ONS TO VACC	DNS TO VACCINES/ALLERGIES					 ME/ADDRESS			
VACCINES	FOR C	HILDREN (VI	-C) ELIGIBILITY (c	heck one)		Under-insured				1			
CHDP eligib	/Medi-C	Cal 🔲	No health insuran	ce America Alaskan	an Indian/ Native	does not cover may be vaccine vaccines only a qualified and ru	ated with VFC at federally		Not eligible				
		If a	combination	vaccine (e.g.	, DTaP+IP	V+HepB or [	TaP+IP	V+Hil	) is used,	record dose	e in each sec	tion.	
VACCINE	DOSE	DATE GIVEN*		MANUFACTURER F NUMBER	ADMINIS- TERED BY	SITE** VIS I.D.†	VACCINE	DOSE	DATE GIVEN*	•	MANUFACTURER NUMBER	ADMINIS- TERED BY	SITE** VIS I.D.†
HepB	1					IM	PCV	1					IM
HepB	2					IM	PCV	2					IM
НерВ	3					IM	PCV	3					IM
НерВ						IM	PCV	4					IM
RV	1					oral	IPV	1					IM or SC
RV	2					oral	IPV	2					IM or SC
RV	3					oral	IPV	3					IM or SC
DTaP	1					IM	IPV	4					IM or SC
DTaP	2					IM	MMR	1					SC
DTaP	3					IM	MMR	2					SC
DTaP	4					IM	VAR	1					SC
DTaP	5					IM	VAR	2					sc
НІВ	1					IM	HepA	1					IM
нів	2					IM	HepA	2					IM
нів	3					IM	DTa	<b>P</b> Dapta	cel (sanofi); li	• & Manufacturer		•	
НІВ	4					IM	DTaP-HepB-IPV Pediarix (GSK) DTaP-IPV/Hib Pentacel (sanofi) DTaP-IPV Kinrix (GSK) HepB Engerix-B (GSK); Recombivax HB (Merck)						
you a  ** Site: delto IM=ii  † VIS—	dminist Abbrevi id or rig ntramus Vaccin	tered the vac iations are Li ht outer upp scular, SC=su e Information	ccine. D=left deltoid or le er arm, RT=right t lbcutaneous. n Statement. Each	t the Vaccine Inform oft outer upper arm, high. Proper route in a VIS has an issue could be given to the	LT=left thigh, ndicated by ita	RD=right alics: er corner;	Hib IPV PCV RV1 RV5 Tda	ActHIB Ipol (sa /13 Prev Rotarix RotaTe p Adac	(sanofi); Hibe nofi) nar 13 (Pfizer)	rix (GSK); Pedvax			
dose Note: If	of vacci you are	ine is admini recording a	stered. Each VIS	can be downloaded sewhere, record da	I from www.im	nmunize.org/vis.	VAF	R Variva	Quad (Merck) x (Merck) x (GSK); Vaqta	(Merck)			

www.cdc.gov/vaccines/hcp/vis/index.html

## Immunization Record and History, continued

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

## **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)