

# Vaccine Administration Record for Adults

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

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

PRACTICE NAME AND ADDRESS

Before administering any vaccines, give the patient copies of all pertinent Vaccine Information Statements (VISs) 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>	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>	
Tetanus, Diphtheria, Pertussis (e.g., Tdap, Td) Give IM. <sup>3</sup>									
Hepatitis A <sup>6</sup> (e.g., HepA, HepA-HepB) Give IM. <sup>3</sup>									
Hepatitis B <sup>6</sup> (e.g., HepB, HepA-HepB) Give IM. <sup>3</sup>									
Human papillomavirus (HPV) Give IM. <sup>3</sup>									
Measles, Mumps, Rubella (MMR) Give MMR II Subcut or IM; give Priorix Subcut. <sup>3</sup>									
Varicella (VAR) Give Subcut or IM. <sup>3</sup>									
Meningococcal ACWY (MenACWY) Give MenACWY IM. <sup>3</sup>									
Meningococcal B (e.g., MenB-4C, MenB-FHbp) Give MenB IM. <sup>3</sup>									

CONTINUED ON THE BACK ▶

Abbreviation	Trade Name and Manufacturer
Tdap	Adacel (Sanofi); Boostrix (GSK)
Td	Tenivac (Sanofi); Tdva (MA Biological Labs)
HepA	Havrix (GSK); Vaqta (Merck)
HepB (see note #1)	Engerix-B (GSK); Recombivax HB (Merck); Heplisav-B (Dynavax); PreHevbrio (VBI)
HepA-HepB	Twinrix (GSK)
HPV	Gardasil 9 (Merck)
MMR	MMR II (Merck); Priorix (GSK)
VAR	Varivax (Merck)
MenACWY	MenQuadfi (Sanofi); Menveo (GSK)
MenB-4C (see note #1)	Bexsero (GSK)
MenB-FHbp (see note #1)	Trumenba (Pfizer)

### How to Complete this Record

1. For hepatitis B and meningococcal B vaccines, record the trade name (see table at right); for all other vaccines, record the standard abbreviation (e.g., Tdap).
2. Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
3. Record the route by which the vaccine was given as either intramuscular (IM), subcutaneous (Subcut), or intranasal (NAS), and also the site where it was administered as either RA (right arm), LA (left arm), RT (right thigh), or LT (left thigh).
4. Record the publication date of each VIS as well as the date the VIS is given to the patient.
5. 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.
6. For combination vaccines, fill in a row for each antigen in the combination.



# Vaccine Administration Record for Adults (continued)

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

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

PRACTICE NAME AND ADDRESS
---------------------------

Before administering any vaccines, give the patient copies of all pertinent Vaccine Information Statements (VISs) 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>	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>	
Pneumococcal conjugate (e.g., PCV13, PCV15, PCV20) Give IM. <sup>3</sup>									
Pneumococcal polysaccharide (e.g., PPSV23) Give IM or Subcut. <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>Zoster (shingles)</b> Give RZV IM. <sup>3</sup>									
<b>COVID-19</b> (e.g., COV-mRNA; COV-aPS) Give IM. <sup>3</sup>									
<b>Hib</b> Give IM. <sup>3</sup>									
<b>RSV</b> Give IM. <sup>3</sup>									
<b>Other</b>									

Abbreviation	Trade Name and Manufacturer
PCV13, PCV15, PCV20	Prevnar 13 (Pfizer); Vaxneuvance (Merck); Prevnar 20 (Pfizer)
PPSV23	Pneumovax 23 (Merck)
aIIV (adjuvanted inactivated influenza vaccine (IIV))	Fluad (GSK)
cclIV (cell culture-based IIV)	Fluclelvax (Seqirus)
HD-IIV (high-dose IIV)	Fluzone High-Dose (Sanofi)
LAIV (live attenuated influenza vaccine)	FluMist (AstraZeneca)
RIV (recombinant influenza vaccine)	Flublok (Sanofi)
SD-IIV (standard dose IIV)	Fluarix, FluLaval (GSK); Afluria (Seqirus); Fluzone (Sanofi)
RZV (recombinant zoster vaccine)	Shingrix (GSK)
COV-mRNA (see note #1)	Comirnaty (Pfizer-BioNTech); Spikevax (Moderna)
COV-aPS (see note #1)	Novavax (Novavax)
Hib	ActHIB (Sanofi); Hiberix (GSK); PedvaxHib (Merck)
RSV (respiratory syncytial virus vaccine) (see note #1)	Arexvy (GSK); Abrysvo (Pfizer)

### How to Complete this Record

- For RSV and COVID-19 vaccines, record the trade name (see table at right); for all other vaccines, record the standard abbreviation (e.g., RZV) or the trade name for each vaccine (see table at right).
- 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 it was administered as either RA (right arm), LA (left arm), RT (right thigh), or LT (left thigh).
- 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.