

# Immunization Record and History

|                                                      |                                                                  |                                                                                                                                                 |                                       |
|------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| PATIENT NAME (Last Name, First Name, Middle Initial) |                                                                  |                                                                                                                                                 | NUMBER                                |
| BIRTHDATE                                            | <input type="checkbox"/> Male<br><input type="checkbox"/> Female | KNOWN REACTIONS TO VACCINES/ALLERGIES                                                                                                           | PRACTICE NAME/ADDRESS                 |
| VACCINES FOR CHILDREN (VFC) ELIGIBILITY (check one)  |                                                                  | Under-insured (insurance does not cover immunizations) may be vaccinated with VFC vaccines only at federally qualified and rural health centers |                                       |
| <input type="checkbox"/> CHDP/Medi-Cal eligible      | <input type="checkbox"/> No health insurance                     | <input type="checkbox"/> American Indian/Alaskan Native                                                                                         | <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**<br>VIS I.D.† | VACCINE | DOSE | DATE GIVEN* | TRADE NAME/MANUFACTURER AND LOT NUMBER | ADMINISTERED BY | SITE**<br>VIS I.D.† |
|---------|------|-------------|----------------------------------------|-----------------|---------------------|---------|------|-------------|----------------------------------------|-----------------|---------------------|
| HepB    | 1    |             |                                        |                 | <i>IM</i>           | PCV     | 1    |             |                                        |                 | <i>IM</i>           |
| HepB    | 2    |             |                                        |                 | <i>IM</i>           | PCV     | 2    |             |                                        |                 | <i>IM</i>           |
| HepB    | 3    |             |                                        |                 | <i>IM</i>           | PCV     | 3    |             |                                        |                 | <i>IM</i>           |
| HepB    |      |             |                                        |                 | <i>IM</i>           | PCV     | 4    |             |                                        |                 | <i>IM</i>           |
| RV      | 1    |             |                                        |                 | <i>oral</i>         | IPV     | 1    |             |                                        |                 | <i>IM or SC</i>     |
| RV      | 2    |             |                                        |                 | <i>oral</i>         | IPV     | 2    |             |                                        |                 | <i>IM or SC</i>     |
| RV      | 3    |             |                                        |                 | <i>oral</i>         | IPV     | 3    |             |                                        |                 | <i>IM or SC</i>     |
| DTaP    | 1    |             |                                        |                 | <i>IM</i>           | IPV     | 4    |             |                                        |                 | <i>IM or SC</i>     |
| DTaP    | 2    |             |                                        |                 | <i>IM</i>           | MMR     | 1    |             |                                        |                 | <i>SC</i>           |
| DTaP    | 3    |             |                                        |                 | <i>IM</i>           | MMR     | 2    |             |                                        |                 | <i>SC</i>           |
| DTaP    | 4    |             |                                        |                 | <i>IM</i>           | VAR     | 1    |             |                                        |                 | <i>SC</i>           |
| DTaP    | 5    |             |                                        |                 | <i>IM</i>           | VAR     | 2    |             |                                        |                 | <i>SC</i>           |
| HIB     | 1    |             |                                        |                 | <i>IM</i>           | HepA    | 1    |             |                                        |                 | <i>IM</i>           |
| HIB     | 2    |             |                                        |                 | <i>IM</i>           | HepA    | 2    |             |                                        |                 | <i>IM</i>           |
| HIB     | 3    |             |                                        |                 | <i>IM</i>           |         |      |             |                                        |                 |                     |
| HIB     | 4    |             |                                        |                 | <i>IM</i>           |         |      |             |                                        |                 |                     |

**Abbreviation Trade Name & Manufacturer**  
**DTaP** Daptacel (sanofi); Infanrix (GlaxoSmithKline [GSK]);  
**DTaP-HepB-IPV** Pediarix (GSK)  
**DTaP-IPV/Hib** Pentacel (sanofi)  
**DTaP-IPV** Kinrix (GSK); Quadracel (sanofi)  
**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<sub>II</sub> (Merck)  
**MMRV** ProQuad (Merck)  
**VAR** Varivax (Merck)  
**HepA** Havrix (GSK); Vaqta (Merck)  
[www.cdc.gov/vaccines/hcp/vis/index.html](http://www.cdc.gov/vaccines/hcp/vis/index.html)

\* **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](http://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 | ADMINISTERED BY | SITE** VS I.D.† | VACCINE          | DOSE | DATE GIVEN* | TRADE NAME/MANUFACTURER AND LOT NUMBER | ADMINISTERED BY | SITE** VS 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/<br>MenACWY | 1    |             |                                        |                 | IM              |
| IIV/LAIV (Flu) |             |                                        |                 | IM/Nasal        | MCV4/<br>MenACWY | 2    |             |                                        |                 | IM              |
| IIV/LAIV (Flu) |             |                                        |                 | IM/Nasal        | MenB             | 1    |             |                                        |                 | IM              |
| IIV/LAIV (Flu) |             |                                        |                 | IM/Nasal        | MenB             | 2    |             |                                        |                 | IM              |
| IIV/LAIV (Flu) |             |                                        |                 | IM/Nasal        | MenB             |      |             |                                        |                 | 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)  
**HPV9** Gardasil9 (Merck)  
**LAIV** (Live attenuated influenza vaccine) FluMist (MedImmune)  
**IIV** (Inactivated influenza vaccine)  
 For latest formulations, see: [eziz.org/assets/docs/IMM-895.pdf](http://eziz.org/assets/docs/IMM-895.pdf)  
**MCV4/MenACWY** Menactra (sanofi pasteur); Menveo (Novartis)  
**MenB** Bexsero (GSK/Novartis)  
 Trumenba (Pfizer)