VACCINATION CLINIC: VACCINE ADMINISTRATION RECORD

Clinic Site _____

Contact Person: _____ **Phone:** _____

Vaccine Information Statement (VIS): Before administering vaccine, provide the patient or legal representative with the appropriate VIS for each dose of vaccine given. VISs, which explain the risks and benefits of vaccination, are available on-line for all vaccines and in many languages, at www.immunize.org/vis.

Use a separate line for each dose of vaccine.

Name	Age	Medicare or Insurance #	Date Vax Given	Type of Vax	Vaccine Manufacturer	Vaccine Expiration Date & Lot Number	Dose	Site & Route*	Date VIS Given	Date on VIS	Vax Admin Initials

***Site given:** RA = right arm, LA = left arm, RL = right leg, LL = left leg, RH = right hip, LH = left hip

***Route given:** O = oral, SC = subcutaneous, IM = intramuscular, ID = intradermal, IN= intranasal

Signature of Vaccine Administrator	Initials	Signature of Vaccine Administrator	Initials	Signature of Vaccine Administrator	Initials