PANDEMIC 2009 H1N1 INFLUENZA VACCINATION CLINIC: VACCINE ADMINISTRATION RECORD

Clinic Site _____ **Clinic date:** _____/_____/_____

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.

Vaccinee Name	Age	Vaccine Type	1st or 2nd dose	Vaccine Manufacturer	Vaccine Lot Number	Vaccine Expiration Date	Dose Site/Route*	Date VIS Given	Date on VIS	Vax Admin Initials
		H1N1								
		H1N1								
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		H1N1								
		H1N1								

***Site given:** RA = right arm, LA = left arm, RL = right leg, LL = left leg ***Route given:** IM = intramuscular, IN= intranasal

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