## Vaccine Administration Record for Adults

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.

Patient name	
Birthdate	Chart number
PRACTICE NAME AND ADDRESS	

Vaccine	Type of	Date vaccine given	Source	Site <sup>3</sup>	Vaccine		Vaccine Information Statement (VIS)		Vaccinator <sup>5</sup> (signature or
	Vaccine <sup>1</sup> given (mo/day/y	(mo/day/yr)			Lot #	Mfr.	Date on VIS <sup>4</sup>	Date given <sup>4</sup>	initials and title)
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 MMRII Subcut or IM:									
give Priorix Subcut. <sup>3</sup>									
Varicella (VAR) Give Subcut or IM. <sup>3</sup>									
Give Subcut or IIVI.									
Meningococcal ACWY (MenACWY)									
Give MenACWY IM.3									
Cive ment CVV i iivi.									
Meningococcal B									
(e.g., MenB-4C, MenB- FHbp)									
Give MenB IM. <sup>3</sup>									

Abbreviation	Trade Name and Manufacturer			
Tdap	Adacel (Sanofi); Boostrix (GSK)			
Td	Tenivac (Sanofi); Tdvax (MA Biological Labs)			
НерА	Havrix (GSK); Vaqta (Merck)			
HepB (see note #1)	Engerix-B (GSK); Recombivax HB (Merck); Heplisav-B (Dynavax); PreHevbrio (VBI)			
НерА-НерВ	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.





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## Vaccine Administration Record for Adults (continued)

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.

Patient name					
Birthdate	Chart number				
PRACTICE NAME AND ADDRESS					

Vaccine	Type of Vaccine <sup>1</sup>	Date vaccine given	Funding Source	Source Site <sup>3</sup>	Vaccine		Vaccine Information Statement (VIS)		Vaccinator <sup>5</sup> (signature or initials and title)
	Vaccine	(mo/day/yr)	(F,S,P) <sup>2</sup>		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 polysac- charide (e.g., PPSV23) Give IM or Subcut. <sup>3</sup>									
Influenza (IIV, ccIIV, RIV, LAIV) Give IIV, ccIIV, and RIV IM. <sup>3</sup>									
Give LAIV NAS.3									
Zoster (shingles) Give RZV IM. <sup>3</sup>									
COVID-19 (e.g., COV-mRNA; COV-aPS) Give IM. <sup>3</sup>									
Hib Give IM. <sup>3</sup>									
RSV Give IM. <sup>3</sup>									
Other									

Abbreviation	Trade Name and Manufacturer				
PCV13, PCV15, PCV20	Prevnar 13 (Pfizer); Vaxneuvance (Merck); Prevnar 20 (Pfizer)				
PPSV23	Pneumovax 23 (Merck)				
allV (adjuvanted inactivated influenza vaccine [IIV])	Fluad (GSK)				
ccIIV (cell culture-based IIV)	Flucelvax (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).
- 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.
- 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.

