

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 he/she understands the risks and benefits of the vaccine(s). Always provide or update the patient's personal record card.

Vaccine	Type of Vaccine ¹	Date vaccine given (mo/day/yr)	Funding Source (F,S,P) ²	Route ³ and Site ³	Vaccine		Vaccine Information Statement (VIS)		Vaccinator ⁵ (signature or initials and title)
					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Tetanus, Diphtheria, Pertussis (e.g., Tdap, Td) Give IM. ³									
Hepatitis A (e.g., HepA, HepA-HepB ⁶) Give IM. ³									
Hepatitis B¹ (e.g., Engerix-B, Recombi-vax HB, Heplisav-B, HepA-HepB ⁶) Give IM. ³									
Human papillomavirus (HPV2*, HPV4*, HPV9) Give IM. ³									
Measles, Mumps, Rubella (MMR) Give Subcut. ³									
Varicella (chickenpox, VAR) Give Subcut. ³									
Meningococcal ACWY (e.g., MenACWY, MPSV4*) Give MenACWY IM. ³									
Meningococcal B (e.g., MenB) Give MenB IM. ³									

*HPV2, HPV4, and MPSV4 vaccines are no longer available in the U.S., but should be included in patient records for historical purposes.

► See page 2 to record influenza, pneumococcal, zoster, Hib, and other vaccines (e.g., travel vaccines).

How to Complete this Record

- With the exception of hepatitis B vaccines, record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine; for hepatitis B vaccines, record the trade name (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 [SC]), intradermal (ID), intranasal (NAS), or oral (PO) 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 may want to keep a reference list of vaccinators that includes their initials and titles.
- For combination vaccines, fill in a row for each antigen in the combination.

Abbreviation	Trade Name and Manufacturer
Tdap	Adacel (Sanofi Pasteur); Boostrix (GlaxoSmithKline [GSK])
Td	Decavac, Tenivac (Sanofi Pasteur); generic Td (MA Biological Labs)
HepA	Havrix (GSK); Vaqta (Merck)
For hepatitis B, see footnote #1.	Engerix-B (GSK); Recombivax HB (Merck); Heplisav-B (Dynavax)
HepA-HepB	Twinrix (GSK)
HPV2*	Cervarix (GSK)
HPV4*, HPV9	Gardasil, Gardasil 9 (Merck)
MMR	MMRII (Merck)
VAR	Varivax (Merck)
MenACWY	Menactra (Sanofi Pasteur); Menveo (GSK)
MPSV4*	Menomune (Sanofi Pasteur)
MenB	Bexsero (GSK); Trumenba (Pfizer)

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Vaccine Administration Record for Adults (continued)

Patient name _____

Birthdate _____ Chart number _____

Before administering any vaccines, give the patient copies of all pertinent Vaccine Information Statements (VISs) and make sure he/she understands the risks and benefits of the vaccine(s). Always provide or update the patient's personal record card.

PRACTICE NAME AND ADDRESS

Vaccine	Type of Vaccine ¹	Date vaccine given (mo/day/yr)	Funding Source (F,S,P) ²	Route ³ and Site ³	Vaccine		Vaccine Information Statement (VIS)		Vaccinator ⁵ (signature or initials and title)
					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Influenza (e.g., IIV3, IIV4, ccIIV4, RIV3, RIV4, LAIV4) Give IIV3, IIV4, ccIIV3, RIV3, and RIV4 IM. ³ Give LAIV4 NAS. ³									
Pneumococcal conjugate (e.g., PCV13) Give PCV13 IM. ³									
Pneumococcal polysaccharide (e.g., PPSV23) Give PPSV23 IM or Subcut. ³									
Zoster (shingles) Give RZV IM ³ Give ZVL Subcut ³									
Hib Give IM. ³									
Other									

► See page 1 to record Tdap/Td, hepatitis A, hepatitis B, HPV, MMR, varicella, MenACWY, and MenB vaccines.

How to Complete this Record

- Record the generic abbreviation (e.g., Tdap) 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 [SC]), intradermal (ID), intranasal (NAS), or oral (PO) and also the site where it was administered as either RA (right arm), LA (left arm), RT (right thigh), or LT (left thigh).
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Abbreviation	Trade Name and Manufacturer
IIV3/IIV4 (inactivated influenza vaccine, trivalent or quadrivalent); ccIIV4 (cell culture-based inactivated influenza vaccine, quadrivalent); RIV3/RIV4 (inactivated recombinant influenza vaccine, trivalent or quadrivalent)	Fluarix, FluLaval (GSK); Afluria, Flud, Flucelvax, Fluvirin (Seqirus); Flublok, Fluzone, Fluzone Intradermal, Fluzone High-Dose (Sanofi Pasteur)
LAIV (live attenuated influenza vaccine, quadrivalent)	FluMist (MedImmune)
PCV13	Prenar 13 (Pfizer)
PPSV23	Pneumovax 23 (Merck)
RZV (recombinant zoster vaccine) ZVL (zoster vaccine, live)	Shingrix, RZV (GSK); Zostavax, ZVL (Merck)
Hib	ActHIB (Sanofi Pasteur); Hiberix (GSK); PedvaxHib (Merck)

Vaccine Administration Record for Adults

Patient name Mike SchultzBirthdate 5/31/1967 Chart number 010406

PRACTICE NAME AND ADDRESS

Small Rural Clinic
135 County Road 42
Smallville, IN 46902

Before administering any vaccines, give the patient copies of all pertinent Vaccine Information Statements (VISs) and make sure he/she understands the risks and benefits of the vaccine(s). Always provide or update the patient's personal record card.

Vaccine	Type of Vaccine ¹	Date vaccine given (mo/day/yr)	Funding Source (F,S,P) ²	Route ³ and Site ³	Vaccine		Vaccine Information Statement (VIS)		Vaccinator ⁵ (signature or initials and title)
					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Tetanus, Diphtheria, Pertussis (e.g., Tdap, Td) Give IM. ³	Td	8/1/02	P	IM/LA	U0376AA	AVP	6/10/94	8/1/02	JTA
	Td	9/1/02	P	IM/LA	U0376AA	AVP	6/10/94	9/1/02	RVO
	Td	3/1/03	P	IM/LA	U0376AA	AVP	3/1/03	3/1/03	TAA
	Tdap	3/1/15	P	IM/LA	AC52B009AA	GSK	2/24/15	3/1/15	JTA
Hepatitis A (e.g., HepA, HepA-HepB ⁶) Give IM. ³									
Hepatitis B ¹ (e.g., Engerix-B, Recombivax HB, Heplisav-B, HepA-HepB ⁶) Give IM. ³	Heplisav-B	2/5/18	P	IM/LA	TDG007	DVX	7/20/16	2/5/18	TAA
	Heplisav-B	3/12/18	P	IM/LA	TDG007	DVX	7/20/16	3/12/18	TAA
Human papillomavirus (HPV2*, HPV4*, HPV9) Give IM. ³									
Measles, Mumps, Rubella (MMR) Give Subcut. ³	MMR	8/1/02	P	SC/RA	0025L	MSD	6/13/02	8/1/02	JTA
	MMR	11/1/02	P	SC/RA	0025L	MSD	6/13/02	11/1/02	TAA
Varicella (chickenpox, VAR) Give Subcut. ³	VAR	8/1/02	P	SC/LA	0799M	MSD	12/16/98	8/1/02	JTA
	VAR	11/1/02	P	SC/LA	0799M	MSD	12/16/98	11/1/02	TAA
Meningococcal ACWY (e.g., MenACWY, MPSV4*) Give MenACWY IM. ³	MenACWY	7/12/11	P	IM/RA	M28011	NOV	3/2/08	7/12/11	RVO
	Menveo	7/15/16	P	IM/LA	M12115	NOV	3/31/16	7/15/16	RVO
Meningococcal B (e.g., MenB) Give MenB IM. ³	MenB	1/14/16	P	IM/LA	J296203	PFR	8/14/15	1/14/16	RVO
	Trumenba	9/15/16	P	IM/LA	J296203	PFR	8/14/15	9/15/16	RVO

*HPV2, HPV4, and MPSV4 vaccines are no longer available in the U.S., but should be included in patient records for historical purposes.

► See page 2 to record influenza, pneumococcal, zoster, Hib, and other vaccines (e.g., travel vaccines).

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- With the exception of hepatitis B vaccines, record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine; for hepatitis B vaccines, record the trade name (see table at right).
- Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
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Vaccine Administration Record

for Adults (continued)

Patient name Mike SchultzBirthdate 5/31/1967 Chart number 010406

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PRACTICE NAME AND ADDRESS

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135 County Road 42
Smallville, IN 46902

Vaccine	Type of Vaccine ¹	Date vaccine given (mo/day/yr)	Funding Source (F,S,P) ²	Route ³ and Site ³	Vaccine		Vaccine Information Statement (VIS)		Vaccinator ⁵ (signature or initials and title)
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Influenza (e.g., IIV3, IIV4, ccIIV4, RIV3, RIV4, LAIV4) Give IIV3, IIV4, ccIIV3, RIV3, and RIV4 IM. ³ Give LAIV4 NAS. ³	Flulaval	10/2/09	P	IM/RA	2F60041I	GSK	8/11/09	10/2/09	PWS
	HTN1	12/7/09	P	IM/RA	10092224P	NOV	10/2/09	12/7/09	DLW
	Afluria	9/12/10	P	IM/RA	06949111A	NOV	8/10/10	9/12/10	TAA
	Flulaval	10/1/11	P	IM/LA	2F750345	GSK	8/10/11	10/1/11	JTA
	IIV3	9/5/12	P	IM/RA	M50907	CSL	7/2/12	9/5/12	KKC
	RIV3	12/2/13	P	IM/RA	350603F	PSC	7/26/13	12/2/13	DCP
	IIV4	10/5/14	P	IM/RA	U1196AA	PMC	8/19/14	10/5/14	JTA
	IIV4	11/2/15	P	IM/LA	123773P	NOV	8/7/15	11/2/15	DCP
	IIV4	10/1/16	P	IM/LA	U1206AA	PMC	8/7/15	10/1/16	TAA
	ccIIV4	9/30/17	P	IM/LA	185128	SEQ	8/7/15	9/30/17	RVO
Pneumococcal conjugate (e.g., PCV13) Give PCV13 IM. ³	PCV13	11/1/12	P	IM/RA	7-5096-06A	WYE	4/16/10	11/1/12	CJP
Pneumococcal polysaccharide (e.g., PPSV23) Give PPSV23 IM or Subcut. ³	PPSV23	9/12/10	P	IM/RA	663012/1163X	MSD	10/6/09	9/12/10	TAA
	PPSV23	11/2/15	P	IM/RA	663012/1163X	MSD	10/6/09	11/2/15	DCP
Zoster (shingles) Give RZV IM ³ Give ZVL Subcut ³	RZV	3/15/18	P	IM/RA	A1283	GSK	2/12/18	3/15/18	CJP
	Shingrix	5/17/18	P	IM/RA	A1283	GSK	2/12/18	5/17/18	CJP
Hib Give IM. ³	ActHIB	11/1/12	P	IM/RA	D05561	PMC	4/16/10	11/1/12	CJP
Other									

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Hib	ActHIB (Sanofi Pasteur); Hiberix (GSK); PedvaxHib (Merck)

WHERE IS THE VIS DATE LOCATED?

ANSWER: The "VIS Date" is located at the bottom of the first OR second page of the Vaccine Information Statement (VIS) depending on the type of vaccine.

VACCINE INFORMATION STATEMENT

Tdap Vaccine

What You Need to Know

(Tetanus, Diphtheria and Pertussis)

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Tetanus, diphtheria and pertussis are very serious diseases. Tdap vaccine can protect us from these diseases. And, Tdap vaccine given to pregnant women can protect newborn babies against pertussis.

TETANUS (Lockjaw) is rare in the United States today. It causes painful muscle tightening and stiffness, usually all over the body.

- It can lead to tightening of muscles in the head and neck so you can't open your mouth, swallow, or sometimes even breathe. Tetanus kills about 1 out of 10 people who are infected even after receiving the best medical care.

DIPHTHERIA is also rare in the United States today. It can cause a thick coating to form in the back of the throat.

2 Tdap vaccine

Tdap vaccine can protect adolescents and adults from tetanus, diphtheria, and pertussis. One dose of Tdap is routinely given at age 11 or 12. People who did *not* get Tdap at that age should get it as soon as possible.

Tdap is especially important for healthcare professionals and anyone having close contact with a baby younger than 12 months.

Pregnant women should get a dose of Tdap during **every pregnancy**, to protect the newborn from pertussis. Infants are most at risk for severe, life-threatening complications from pertussis.

Another vaccine, called Td, protects against tetanus and diphtheria, but not pertussis. A Td booster should be given every 10 years. Tdap may be given as one of these boosters if you have never gotten Tdap before. Tdap may also be given after a severe cut or burn to prevent

(First Page)

5 people in 100)

- Swelling of the entire arm where the shot was given (up to about 1 in 500).

Severe problems following Tdap
(Unable to perform usual activities; required medical attention)

- Swelling, severe pain, bleeding and redness in the arm where the shot was given (rare).

Problems that could happen after any vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at fewer than 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at www.hrsa.gov/vaccinecompensation. There is a time limit to file a claim for compensation.

7 How can I learn more?


- Ask your doctor. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/vaccines

Vaccine Information Statement
Tdap Vaccine

8/6/21

42 U.S.C. § 300aa-26

Office Use Only



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