

Vaccine Administration Record for Children and Teens

Patient name: _____

Birthdate: _____

Chart number: _____

Before administering any vaccines, give copies of all pertinent Vaccine Information Statements (VISs) to the child's parent or legal representative 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 given (mo/day/yr)	Funding Source (F,S,P) ²	Site ³	Vaccine		Vaccine Information Statement (VIS)		Vaccinator ⁵ (signature or initials & title)
					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Hepatitis B⁶ (e.g., HepB, Hib-HepB, DTaP-HepB-IPV) Give IM. ⁷									
Diphtheria, Tetanus, Pertussis⁶ (e.g., DTaP, DTaP/Hib, DTaP-HepB-IPV, DT, DTaP-IPV/Hib, Tdap, DTaP-IPV, Td) Give IM. ⁷									
Haemophilus influenzae type b⁶ (e.g., Hib, Hib-HepB, DTaP-IPV/Hib, DTaP/Hib) Give IM. ⁷									
Polio⁶ (e.g., IPV, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV) Give IPV SC or IM. ⁷ Give all others IM. ⁷									
Pneumococcal (e.g., PCV7, PCV13, conjugate; PPSV23, polysaccharide) Give PCV IM. ⁷ Give PPSV SC or IM. ⁷									
Rotavirus (RV1, RV5) Give orally (po).									

See page 2 to record measles-mumps-rubella, varicella, hepatitis A, meningococcal, HPV, influenza, and other vaccines (e.g., travel 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 site where vaccine was administered as either RA (right arm), LA (left arm), RT (right thigh), LT (left thigh), or IN (intranasal).
- 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.
- IM is the abbreviation for intramuscular; SC is the abbreviation for subcutaneous.

Abbreviation	Trade Name & Manufacturer
DTaP	Daptacel (sanofi); Infanrix (GlaxoSmithKline [GSK]); Tripedia (sanofi pasteur)
DT (pediatric)	Generic (sanofi pasteur)
DTaP-HepB-IPV	Pediarix (GSK)
DTaP/Hib	TriHIBit (sanofi pasteur)
DTaP-IPV/Hib	Pentacel (sanofi pasteur)
DTaP-IPV	Kinrix (GSK)
HepB	Engerix-B (GSK); Recombivax HB (Merck)
HepA-HepB	Twinrix (GSK); can be given to teens age 18 and older
Hib	ActHIB (sanofi pasteur); Hiberix (GSK); PedvaxHIB (Merck)
Hib-HepB	Comvax (Merck)
IPV	Ipol (sanofi pasteur)
PCV13	Prevnar 13 (Pfizer)
PPSV23	Pneumovax 23 (Merck)
RV1	Rotarix (GSK)
RV5	RotaTeq (Merck)
Tdap	Adacel (sanofi pasteur); Boostrix (GSK)
Td	Decavac (sanofi pasteur), Generic (MA Biological Labs)

Vaccine Administration Record for Children and Teens

Patient name: _____

Birthdate: _____

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Before administering any vaccines, give copies of all pertinent Vaccine Information Statements (VISs) to the child's parent or legal representative 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 given (mo/day/yr)	Funding Source (F,S,P) ²	Site ³	Vaccine		Vaccine Information Statement (VIS)		Vaccinator ⁵ (signature or initials & title)
					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Measles, Mumps, Rubella⁶ (e.g., MMR, MMRV) Give SC. ⁷									
Varicella⁶ (e.g., VAR, MMRV) Give SC. ⁷									
Hepatitis A (HepA) Give IM. ⁷									
Meningococcal (e.g., MCV4; MPSV4) Give MCV4 IM ⁷ and MPSV4 SC. ⁷									
Human papillomavirus (e.g., HPV2, HPV4) Give IM. ⁷									
Influenza (e.g., TIV, inactivated; LAIV, live attenuated) Give TIV IM. ⁷ Give LAIV IN. ⁷									
Other									

See page 1 to record hepatitis B, diphtheria, tetanus, pertussis, *Haemophilus influenzae* type b, polio, pneumococcal, and rotavirus 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 site where vaccine was administered as either RA (right arm), LA (left arm), RT (right thigh), LT (left thigh), or IN (intranasal).
- 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.
- IM is the abbreviation for intramuscular; SC is the abbreviation for subcutaneous; IN is the abbreviation for intranasal.

Abbreviation	Trade Name & Manufacturer
MMR	MMRII (Merck)
VAR	Varivax (Merck)
MMRV	ProQuad (Merck)
HepA	Havrix (GlaxoSmithKline [GSK]); Vaqta (Merck)
HepA-HepB	Twinrix (GSK)
HPV2	Cervarix (GSK)
HPV4	Gardasil (Merck)
LAIV (Live attenuated influenza vaccine)	FluMist (MedImmune)
TIV (Trivalent inactivated influenza vaccine)	Afluria (CSL Biotherapies); Agriflu (Novartis); Fluarix (GSK); FluLaval (GSK); Fluvirin (Novartis); Fluzone (sanofi)
MCV4	Menactra (sanofi pasteur); Menveo (Novartis)
MPSV4	Menomune (sanofi pasteur)

Vaccine Administration Record for Children and Teens

Patient name: Emily Jacobs

Birthdate: 6/2/2005

Chart number: _____

Before administering any vaccines, give copies of all pertinent Vaccine Information Statements (VISs) to the child's parent or legal representative 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 given (mo/day/yr)	Funding Source (F,S,P) ²	Site ³	Vaccine		Vaccine Information Statement (VIS)		Vaccinator ⁵ (signature or initials & title)
					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Hepatitis B ⁶ (e.g., HepB, Hib-HepB, DTaP-HepB-IPV) Give IM. ⁷	HepB	6/2/2005	F	RT	0651M	MRK	7/11/01	6/2/05	JTA
	Pediarix	8/2/2005	F	RT	635A1	GSK	7/11/01	8/2/05	DCP
	Pediarix	10/2/2005	F	RT	712A2	GSK	7/11/01	10/2/05	DCP
	Pediarix	12/2/2005	F	RT	712A2	GSK	7/11/01	12/2/05	DLW
Diphtheria, Tetanus, Pertussis ⁶ (e.g., DTaP, DTaP/Hib, DTaP-HepB-IPV, DT, DTaP-IPV/Hib, Tdap, DTaP-IPV, Td) Give IM. ⁷	Pediarix	8/2/2005	F	RT	635A2	GSK	7/30/01	8/2/05	DCP
	Pediarix	10/2/2005	F	RT	712A2	GSK	7/30/01	10/2/05	DCP
	Pediarix	12/2/2005	F	RT	712A2	GSK	7/30/01	12/2/05	DLW
	DTaP-Hib	9/2/2006	F	RA	P0897AA	SPI	7/30/01	9/2/06	RLV
	DTaP	8/2/2010	F	RA	326-912	SPI	5/17/07	8/2/10	ITA
Haemophilus influenzae type b ⁶ (e.g., Hib, Hib-HepB, DTaP-IPV/Hib, DTaP/Hib) Give IM. ⁷	Hib	8/2/2005	F	LT	UA744AA	SPI	12/16/98	8/2/05	DCP
	Hib	10/2/2005	F	LT	UA744AA	SPI	12/16/98	10/2/05	DCP
	Hib	12/2/2005	F	LT	UA744AA	SPI	12/16/98	12/2/05	DLW
	DTaP-Hib	9/2/2006	F	RA	7172AA	SPI	12/16/98	9/2/06	RLV
Polio ⁶ (e.g., IPV, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV) Give IPV SC or IM. ⁷ Give all others IM. ⁷	Pediarix	8/2/2005	F	RT	635A2	GSK	1/1/00	8/2/05	DCP
	Pediarix	10/2/2005	F	RT	712A2	GSK	1/1/00	10/2/05	DCP
	Pediarix	12/2/2005	F	RT	712A2	GSK	1/1/00	12/2/05	DLW
	IPV	8/2/2010	F	RA	U4569-8	SPI	1/1/00	8/2/10	DCP
Pneumococcal (e.g., PCV7, PCV13, conjugate; PPSV23, polysaccharide) Give PCV IM. ⁷ Give PPSV SC or IM. ⁷	PCV7	8/2/2005	F	LT	489-835	WYE	9/30/02	8/2/05	DCP
	PCV7	10/2/2005	F	RT	489-835	WYE	9/30/02	10/2/05	DCP
	PCV7	12/2/2005	F	LT	489-835	WYE	9/30/02	12/2/05	DLW
	PCV7	9/2/2006	F	LA	501-245	WYE	9/30/02	9/2/06	RLV
	PCV13	8/2/2010	F	LA	E44433	PEI	12/9/08	8/2/10	DCP
Rotavirus (RV1, RV5) Give orally (po).									

DTaP-HepB-IPV (Pediarix)

DTaP-Hib (TriHIBit): 2 lot #s, 2 different VISs

Pediarix: 3 different VIS dates

See page 2 to record measles-mumps-rubella, varicella, hepatitis A, meningococcal, HPV, influenza, and other vaccines (e.g., travel 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 site where vaccine was administered as either RA (right arm), LA (left arm), RT (right thigh), LT (left thigh), or IN (intranasal).
- 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.
- IM is the abbreviation for intramuscular; SC is the abbreviation for subcutaneous.

Abbreviation	Trade Name & Manufacturer
DTaP	Daptacel (sanofi); Infanrix (GlaxoSmithKline [GSK]); Tripedia (sanofi pasteur)
DT (pediatric)	Generic (sanofi pasteur)
DTaP-HepB-IPV	Pediarix (GSK)
DTaP/Hib	TriHIBit (sanofi pasteur)
DTaP-IPV/Hib	Pentacel (sanofi pasteur)
DTaP-IPV	Kinrix (GSK)
HepB	Engerix-B (GSK); Recombivax HB (Merck)
HepA-HepB	Twinrix (GSK); can be given to teens age 18 and older
Hib	ActHIB (sanofi pasteur); Hiberix (GSK); PedvaxHIB (Merck)
Hib-HepB	Comvax (Merck)
IPV	Ipol (sanofi pasteur)
PCV13	Prevnar 13 (Pfizer)
PPSV23	Pneumovax 23 (Merck)
RV1	Rotarix (GSK)
RV5	RotaTeq (Merck)
Tdap	Adacel (sanofi pasteur); Boostrix (GSK)
Td	Decavac (sanofi pasteur), Generic (MA Biological Labs)

Vaccine Administration Record for Children and Teens

Patient name: Emily JacobsBirthdate: 6/2/2005

Chart number: _____

Before administering any vaccines, give copies of all pertinent Vaccine Information Statements (VISs) to the child's parent or legal representative 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 given (mo/day/yr)	Funding Source (F,S,P) ²	Site ³	Vaccine		Vaccine Information Statement (VIS)		Vaccinator ⁵ (signature or initials & title)
					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Measles, Mumps, Rubella ⁶ (e.g., MMR, MMRV) Give SC. ⁷	MMRV	6/2/2006	P	RA	0857M	MRK	1/15/03	6/2/06	DLW
	MMRV	8/2/2010	P	LA	0522F	MRK	5/21/10	8/2/10	DCP
Varicella ⁶ (e.g., VAR, MMRV) Give SC. ⁷	MMRV	6/2/2006	P	RA	0857M	MRK	12/16/98	6/2/06	DLW
	MMRV	8/2/2010	P	LA	0522F	MRK	5/21/10	8/2/10	DCP
Hepatitis A (HepA) Give IM. ⁷	HepA	6/2/2006	P	LA	0524L	MRK	8/4/04	6/2/06	DLW
	HepA	8/2/2006	P	LA	0634K	MRK	3/21/06	8/2/06	MAT
Meningococcal (e.g., MCV4; MPSV4) Give MCV4 IM ⁷ and MPSV4 SC. ⁷	MMR-VAR (MMRV)								
Human papillomavirus (e.g., HPV2, HPV4) Give IM. ⁷									
Influenza (e.g., TIV, inactivated; LAIV, live attenuated) Give TIV IM. ⁷ Give LAIV IN. ⁷	TIV	12/5/2005	F	RT	U097543	SPI	7/18/05	12/5/05	JTA
	TIV	1/5/2006	F	RT	U097543	SPI	7/18/05	1/5/06	DCP
	TIV	10/16/2006	F	LA	U106459	SPI	6/30/06	10/16/06	MAT
	LAIV	11/15/2007	S	IN	500337P	MED	7/16/07	11/15/07	ABB
	TIV	10/12/2008	S	RA	U2169MA	SPI	7/24/08	10/12/08	CAS
	TIV	10/2/2009	F	LA	71211	NOV	8/11/09	10/2/09	MAT
	TIV-H1N1	11/15/2009	F	RA	UP016AA	SPI	10/2/09	11/15/09	CEL
	LAIV-H1N1	12/29/2009	F	IN	500756P	MED	10/2/09	12/29/09	ZAZ
Other									

See page 1 to record hepatitis B, diphtheria, tetanus, pertussis, *Haemophilus influenzae* type b, polio, pneumococcal, and rotavirus 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 site where vaccine was administered as either RA (right arm), LA (left arm), RT (right thigh), LT (left thigh), or IN (intranasal).
- 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.
- IM is the abbreviation for intramuscular; SC is the abbreviation for subcutaneous; IN is the abbreviation for intranasal.

Abbreviation	Trade Name & Manufacturer
MMR	MMRII (Merck)
VAR	Varivax (Merck)
MMRV	ProQuad (Merck)
HepA	Havrix (GlaxoSmithKline [GSK]); Vaqta (Merck)
HepA-HepB	Twinrix (GSK)
HPV2	Cervarix (GSK)
HPV4	Gardasil (Merck)
LAIV (Live attenuated influenza vaccine)	FluMist (MedImmune)
TIV (Trivalent inactivated influenza vaccine)	Afluria (CSL Biotherapies); Agriflu (Novartis); Fluarix (GSK); FluLaval (GSK); Fluvirin (Novartis); Fluzone (sanofi)
MCV4	Menactra (sanofi pasteur); Menveo (Novartis)
MPSV4	Menomune (sanofi pasteur)

Vaccine Administration Record for Children and Teens

Patient name: Jessica Ashley

Birthdate: 10/15/1991

Chart number: _____

Before administering any vaccines, give copies of all pertinent Vaccine Information Statements (VISs) to the child's parent or legal representative 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 given (mo/day/yr)	Funding Source (F,S,P) ²	Site ³	Vaccine		Vaccine Information Statement (VIS)		Vaccinator ⁵ (signature or initials & title)
					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Hepatitis B ⁶ (e.g., HepB, Hib-HepB, DTaP-HepB-IPV) Give IM. ⁷	HepB (1.0 mL)	6/2/2004	P	RA	0651M	MRK	7/11/01	6/2/04	TAA
	HepB (1.0 mL)	1/2/2005	P	RA	0651M	MRK	7/11/01	1/2/05	TAA
2-dose series of adult Recombivax given to child 12-15 yrs									
Diphtheria, Tetanus, Pertussis ⁶ (e.g., DTaP, DTaP/Hib, DTaP-HepB-IPV, DT, DTaP-IPV/Hib, Tdap, DTaP-IPV, Td) Give IM. ⁷	DTP	12/15/1991	P	RT	326-912	LED	1/1/88	12/15/91	DCP
	DTP	2/15/1992	P	RT	326-912	LED	10/15/91	2/15/92	DCP
	DTaP	4/15/1992	P	RT	326-912	LED	3/25/92	4/15/92	DLW
	DTaP	4/15/1993	P	RA	326-912	LED	3/25/92	4/15/93	RLV
	DTaP	4/15/1996	P	RA	657-888	LED	6/10/94	4/15/96	JTA
	Td	10/15/2003	P	RA	467-854	LED	7/30/01	10/15/03	PWS
Haemophilus influenzae type b ⁶ (e.g., Hib, Hib-HepB, DTaP-IPV/Hib, DTaP/Hib) Give IM. ⁷	Hib	12/15/1991	P	LT	1492L	MRK	6/6/91	12/15/91	DCP
	PedvaxHIB	2/15/1992	P	LT	1492L	MRK	6/6/91	2/15/92	DCP
	Hib	10/15/1992	P	LT	1492L	MRK	6/6/91	10/15/92	DLW
Polio ⁶ (e.g., IPV, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV) Give IPV SC or IM. ⁷ Give all others IM. ⁷	OPV	12/15/1991	P	po	0678A	LED	10/15/91	12/15/91	DCP
	OPV	2/15/1992	P	po	0678A	LED	10/15/91	2/15/92	DCP
	OPV	4/15/1993	P	po	0678A	LED	10/15/91	4/15/93	RLV
	OPV	4/15/1996	P	po	0987A	LED	10/15/91	4/15/93	JTA
Pneumococcal (e.g., PCV7, PCV13, conjugate; PPSV23, polysaccharide) Give PCV IM. ⁷ Give PPSV SC or IM. ⁷									
Rotavirus (RV1, RV5) Give orally (po).									

See page 2 to record measles-mumps-rubella, varicella, hepatitis A, meningococcal, HPV, influenza, and other vaccines (e.g., travel 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 site where vaccine was administered as either RA (right arm), LA (left arm), RT (right thigh), LT (left thigh), or IN (intranasal).
- 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.
- IM is the abbreviation for intramuscular; SC is the abbreviation for subcutaneous.

Abbreviation	Trade Name & Manufacturer
DTaP	Daptacel (sanofi); Infanrix (GlaxoSmithKline [GSK]); Tripedia (sanofi pasteur)
DT (pediatric)	Generic (sanofi pasteur)
DTaP-HepB-IPV	Pediarix (GSK)
DTaP/Hib	TriHIBit (sanofi pasteur)
DTaP-IPV/Hib	Pentacel (sanofi pasteur)
DTaP-IPV	Kinrix (GSK)
HepB	Engerix-B (GSK); Recombivax HB (Merck)
HepA-HepB	Twinrix (GSK); can be given to teens age 18 and older
Hib	ActHIB (sanofi pasteur); Hiberix (GSK); PedvaxHIB (Merck)
Hib-HepB	Comvax (Merck)
IPV	Ipol (sanofi pasteur)
PCV13	Prevnar 13 (Pfizer)
PPSV23	Pneumovax 23 (Merck)
RV1	Rotarix (GSK)
RV5	RotaTeq (Merck)
Tdap	Adacel (sanofi pasteur); Boostrix (GSK)
Td	Decavac (sanofi pasteur), Generic (MA Biological Labs)

Vaccine Administration Record for Children and Teens

Patient name: Jessica AshleyBirthdate: 10/15/1991

Chart number: _____

Before administering any vaccines, give copies of all pertinent Vaccine Information Statements (VISs) to the child's parent or legal representative 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 given (mo/day/yr)	Funding Source (F,S,P) ²	Site ³	Vaccine		Vaccine Information Statement (VIS)		Vaccinator ⁵ (signature or initials & title)
					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Measles, Mumps, Rubella⁶ (e.g., MMR, MMRV) Give SC. ⁷	MMR	1/15/1993	P	RA	0857M	MRK	10/15/91	1/15/93	DLW
	MMR	10/15/2003	P	LA	0946M	MRK	1/15/03	10/15/03	PWS
Varicella⁶ (e.g., VAR, MMRV) Give SC. ⁷	VAR	10/15/2003	P	LA	0799M	MRK	12/16/98	10/15/03	PWS
	VAR	10/15/2007	P	LA	0689M	MRK	1/10/07	10/15/07	JTA
Hepatitis A (HepA) Give IM. ⁷									
Meningococcal (e.g., MCV4; MPSV4) Give MCV4 IM ⁷ and MPSV4 SC. ⁷	MCV4	6/12/2010	P	LA	28011	NOV	1/28/08	6/12/10	MAT
Human papillomavirus (e.g., HPV2, HPV4) Give IM. ⁷	HPV2	12/12/2009	P	LA	0331Z	GSK	2/2/07	12/12/09	TAA
	Cervarix	2/13/2010	P	LA	0331Z	GSK	2/2/07	2/13/10	PWS
	Garadasil	6/12/2010	P	LA	0637F	MRK	2/2/07	6/12/10	DLW
Influenza (e.g., TIV, inactivated; LAIV, live attenuated) Give TIV IM. ⁷ Give LAIV IN. ⁷	FluMist	10/15/2007	P	IN	500491P	MED	10/4/07	10/15/07	MAT
	TIV	10/12/2008	P	RA	878771P	NOV	7/24/08	10/12/08	JTA
	Fluzone	10/2/2009	P	RA	U100461	SPI	8/11/09	10/2/09	DLW
	H1N1	12/7/2009	P	LA	1009224P	NOV	10/2/09	12/7/09	MAT
Other									

When recording the type of vaccine, use the generic abbreviation, tradename, or both. By recording the manufacturer, you will always be able to determine the brand of vaccine given.

See page 1 to record hepatitis B, diphtheria, tetanus, pertussis, *Haemophilus influenzae* type b, polio, pneumococcal, and rotavirus 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 site where vaccine was administered as either RA (right arm), LA (left arm), RT (right thigh), LT (left thigh), or IN (intranasal).
- Record the publication date of each VIS as well as the date the VIS is given to the patient.
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- For combination vaccines, fill in a row for each antigen in the combination.
- IM is the abbreviation for intramuscular; SC is the abbreviation for subcutaneous; IN is the abbreviation for intranasal.

Abbreviation	Trade Name & Manufacturer
MMR	MMRII (Merck)
VAR	Varivax (Merck)
MMRV	ProQuad (Merck)
HepA	Havrix (GlaxoSmithKline [GSK]); Vaqta (Merck)
HepA-HepB	Twinrix (GSK)
HPV2	Cervarix (GSK)
HPV4	Gardasil (Merck)
LAIV (Live attenuated influenza vaccine)	FluMist (MedImmune)
TIV (Trivalent inactivated influenza vaccine)	Afluria (CSL Biotherapies); Agriflu (Novartis); Fluarix (GSK); FluLaval (GSK); Fluvirin (Novartis); Fluzone (sanofi)
MCV4	Menactra (sanofi pasteur); Menveo (Novartis)
MPSV4	Menomune (sanofi pasteur)