North Carolina Immunization Registry Organization: NORTH CAROLINA IMMUNIZATION REGISTRY Site: NORTH CAROLINA IMMUNIZATION REGISTRY

Vaccine Administration Record

Information collected on this form will be used to document authorization for receipt of vaccine(s).

	CHART NUMBER										
Patient's Name (Last, Fi	rst, Middle Initial)										
	Date of Birth (mm/dd/yyyy)			Gender Ethnicity (Check One)							
			☐ Male [☐ Female	le						
Race (Check all that app	oly) 🗌 Americ	can Indian or	Alaskan Native	Mother's Maiden ?	Name (Last,	First, Mide	dle Initial)				
Asian	☐ Native	Hawaiian or	Other Pacific Islander								
☐ Black or African-	American White	☐ Other	Race Unknown								
Eligibility Status (Check only one) American Indian /Ala				askan Native	☐ Med	icaid		\square N	ot Insured		
This section must be	completed for chi	ldren 🗌	Underinsured		□ NC I	Health Ch	oice	□ In	sured		
through age 18 given	state-supplied vac	ccines.	Refusal to give inform	nation	□ Not a	applicable	e				
Date Las	t Verified (mm/dd	/yyyy): <u> </u>	/ /								
Name of Parent or Guardian Responsible for Patient (Last, First, Middle Initial)					F	Relationship to Patient					
Address					P.O. Box						
City		С	County		S	State		Zip Cod	e		
Email address (if applicable)			Home Telephone Number			Work Telephone Number Extension					
		Is				Would you like reminder/recall sent to you? ☐ Yes ☐ No					
I am authorized by th	e parent, guardian,	or person sta	anding in loco parentis o	f the above-name	ed child to	obtain nee	eded immu	nization	s for the child	l.	
and to ask questions	hat were answered	to my satisfa	mation Statements" (VIS action. I understand the om I am authorized to m	benefits and risks							
SIGNATURE - Person to receive vaccine or person authorized to sign on the patient's				behalf	nalf Date Signed						
FOR OFFICE USE											

Vaccine	Trade Name	Lot#	VIS Pub. Date	Date VIS Presented	Body Route	Body Site	mL.
DTP/aP					IM	RV LV RD LD	
НерА					IM	RV LV RD LD	
НерВ					IM	RV LV RD LD	
Hib					IM	RV LV RD LD	
HPV					IM	RV LV RD LD	
Meningococcal Conjugate					IM	RV LV RD LD	
MMR					SC	RV LV RD LD	

Pneumococcal Conjugate					IM	RV LV RD LD		
Polio					IM	RV LV RD LD		
Rotovirus					Oral			
Td/Tdap					IM	RV LV RD LD		
Varicella					SC	RV LV RD LD		
Record all other in	nmunizations in the rows be	elow:			I			
Abbreviations explained: injections are administered	IM = Intramuscular SC = Subcutant d in the muscle "area".	eous RV = Right Vastus Lateralis LV = Left V	Vastus Lateralis	RD = Right	Deltoid LD = L	eft Deltoid Subcutar	neous	
SIGNATURE AND TITLE - Person Administering Vaccine				Date Vaco	Date Vaccine Administered			
				·				