| 1. Last Name | | First Name | | | | | | MI | | | | |
|--------------|-----------------------------------|------------|-------|-------|------|------|----|-----|---|----|----------------|----|
| 2. Patie | nt Number | | | | | | | | | | | Н |
| 3. Date | of Birth | | | | | | | 1 | | ı | | ı |
| o. Duto | or Birtin | | | | | | Мо | nth | D | ay | Ye | ar |
| 4. Race | ☐ 1. Whi ☐ 3. Am. ☐ 4. Asia | Indi | an/A | laska | n Na | tive | | Ē | | | C Oriç ☐ 2. | |
| 5. Sex D |] 1. Male | □ 2 | . Fen | nale | | | | | | | | |
| 6 Count | v of Poside | nco | | | | | | | | | | |

N.C. Department of Health and Human Services Division of Public Health Immunization Branch

Adult Vaccine Administration Record

Before administering any vaccines, give the patient copies of all pertinent Vaccine Information Statements (VISs) and make sure he/she understands the risks

| Vaccine | Date given (mo/day/yr) | | Site given (RA, LA) | Vaccine | | | | | Signature/ |
|---|---------------------------|-------|---------------------------|---------|------|-----------------|--------------|-------------------|------------------------|
| | | Route | | lot# | mfr. | Expiration date | Date on VIS¹ | Consent signature | initials of vaccinator |
| Tetanus and | | | | | | | | | |
| Diphtheria | | | | | | | | | |
| (e.g., Td) | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Tetanus, Diphtheria, Pertussis | | | | | | | | | |
| (Tdap) | | | | | | | | | |
| Hepatitis A² (e.g., HepA, HepA-HepB) | | | | | | | | | |
| Hepatitis B ² | | | | | | | | | |
| (e.g., HepB, | | | | | | | | | |
| HepA-HepB) | | | | | | | | | |
| Measles, Mumps, | | | | | | | | | |
| Rubella (MMR) | | | | | | | | | |
| Varicella (Var) | | | | | | | | | |
| Pneumococcal | | | | | | | | | |
| Conjugate (PCV13) | | | | | | | | | |
| Pneumococcal | | | | | | | | | |
| Polysaccharide (PPSV23) | | | | | | | | | |
| Zoster (Shingles) (Zos) | | | | | | | | | |
| Meningococcal Conjugate (MCV4) | | | | | | | | | |
| Human | | | | | | | | | |
| Pappillomavirus (HPV) | | | | | | | | | |
| | | | | | | | | | |
| Influenza | | | | | | | | | |
| (Flu) | | | | | | | | | |
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Record the publication date of each VIS given to the patient. According to federal law, VISs must be given to patients before administering each dose of vaccine.

²For combination vaccines, fill in the row for each individual antigen composing the combination.

Adult Vaccine Administration Record

| Name: _ | | | | DOB:// |
|---------|--------|---------|----------|--------------|
| | (Last) | (First) | (Middle) | Mo. Day Year |

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). Update the patient's personal record card or provide a new one whenever you administer the vaccine.

| Vaccine | | Route | Site given (RA, LA) | Vaccine | | | | | Signature/ initials of |
|---------|---------------------------|-------|---------------------------|---------|------|-----------------|--------------|-------------------|---------------------------|
| | Date given (mo/day/yr) | | | lot# | mfr. | Expiration date | Date on VIS¹ | Consent signature | initials of vaccinator |
| | | | | | | | | | |
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Purpose: To document vaccines administered.

Preparation: Update demographic information and complete at each vaccine administration.

Directions: Complete all requested information for each vaccine administered.

Distribution: Health Care Provider will maintain Vaccine Administration Record in individual's medical record.

Disposition: This form is to be retained in accordance with the *Records Retention and Disposition Schedule* of medical records

as issued by the NC Division of Archives and History.

Ordering Information: Additional forms may be ordered from:

Division of Public Health – Immunization Branch NC Department of Health and Human Services

1917 Mail Service Center Raleigh, NC 27699-1917 Phone (877) 873-6247 FAX (800) 544-3058