Immunization Record and History

PATIENT NAME (Last Name, First Name, Middle Initial): Patient, Boy

NUMBER: 000012

BIRTHDATE: 02/15/1997

☒ Male ☐ Female

KNOWN REACTIONS TO VACCINES/ALLERGIES: None

PRACTICE NAME/ADDRESS: Your Medical Clinic, 2275 Huntington Dr. #330, San Marino, CA 91108

VACCINES FOR CHILDREN (VFC) ELIGIBILITY (check one)

☐ CHDP/Medi-Cal eligible ☐ No health insurance ☐ American Indian/ Alaskan Native ☐ (Only federally qualified and rural health centers) Health insurance does not cover IZs ☐ Not eligible

If a combination vaccine (e.g., DTP+IPV+HepB or HepB+Hib) is used, record dose in each section.

VACCINE Circle one	DATE GIVEN*	MANUFACTURER AND LOT NUMBER	ADMINISTERED BY	SITE** VIS I.D.†
DTaP/DT/Td 1				IM
DTaP/DT/Td 2	10/19/2007	manufacturer - lotnumber		IM LD visid
DTaP/DT/Td 3	10/19/2007	manufacturer - lotnumber	,	IM LD visid
DTaP/DT/Td 4				IM
DTaP/DT/Td 5				IM
Td Boosters (over)				IM
HepB 1				IM
HepB 2				IM
HepB 3				IM
HIB 1				IM
HIB 2				IM
HIB 3				IM
HIB 4				IM
Pneumo Conj 1				IM
Pneumo Conj 2				IM
Pneumo Conj 3				IM
Pneumo Conj 4				IM

VACCINE	DATE GIVEN*	MANUFACTURER AND LOT NUMBER	ADMINISTERED BY	SITE** VIS I.D.†
IPV 1				
IPV 2				
IPV 3				
IPV 4				
MMR 1				SC
MMR 2				SC
Varicella 1				SC
Varicella 2				SC
HepA 1				IM
HepA 2				IM
Meningo-coccal				

TB SKIN TESTS

DATE GIVEN	TYPE	DATE READ	IMPRESSION
	☐ Mantoux ☐ Other		☐ Negative ☐ Positive (mm ____)
	☐ Mantoux ☐ Other		☐ Negative ☐ Positive (mm ____)
	☐ Mantoux ☐ Other		☐ Negative ☐ Positive (mm ____)

* **Date Given** is the date you gave the patient the Vaccine Information Statement (VIS) and you administered the vaccine.

** **Site:** Abbreviations are LD=left deltoid or left outer upper arm, LT=left thigh, RD=right deltoid or right outer upper arm, RT=right thigh. Proper route indicated by italics: IM=intramuscular, SC=subcutaneous.

† **VIS**—Vaccine Information Statement. Each VIS has an issue date in the lower corner; record the VIS issue date here. The VIS should be given to the patient/parent before each dose of vaccine is administered. Each VIS can be downloaded from www.cdc.gov/nip/publications/VIS.

Note: If you are recording a vaccine given elsewhere, record date dose was given, write in "elsewhere" or "transcribed" and/or name of provider.