

Vaccine Administration Record (VAR) for Children and Teens

Patient name: _____

Birth date: _____

Chart number: _____

Vaccine ⁵	Types of Vaccine (generic abbreviation) ¹	Date given (mo/day/yr)	Elig Code (P, N, M, A) ²	Site ³	Vaccine			Vaccine info Statement (VIS) ⁴		Initials of vaccinator
					Lot #	Mfr.	Exp date	Pub. date	Date given	
Hep B (e.g., Hep B, Hib-Hep B DtaP-HepB-IPV)										
Diphtheria, Tetanus, Pertussis (e.g., DtaP, DTaP-Hib, DTaP-Hep B-IPV, DT, DTaP-Hib-IPV, Tdap, DTaP-IPV, Td)										
<i>Haemophilus influenza</i> type b (e.g., Hib, Hib-Hep B, DTaP-Hib-IPV, DTaP- Hib)										
Polio (e.g., IPV, DTaP- HepB-IPV, DTaP-Hib- IPV, DTaP-IPV)										
Pneumococcal (e.g., PCV, conjugate; PPV, polysaccharide)										
Rotavirus *Give oral (po).										
Measles, Mumps, Rubella (e.g., MMR, MMRV)										
Varicella (e.g., Var, MMRV)										
Hep A										
Meningococcal (e.g., MCV4; MPSV4)										
Human papillomavirus (e.g., HPV)										
Influenza (e.g., TIV, inactivated; LAIV, live attenuated)										
Other:										
Other:										

1. Record the generic abbreviation for each vaccine given (e.g. DTaP-Hib, PCV), **not** the trade name.

2. Record the VFC eligibility code as **P** (private insurance), **N** (No insurance), **M** (Medicaid), **A** (American Indian/Alaskan Native).

3. Record the site where vaccine was administered as either RA (Right Arm), LA(Left Arm), RT (Right Thigh), LT (Left Thigh), IM (Intranasal, or PO (by mouth).

4. Record the publication date of each VIS as well as the date it is given to the patient.

5. For combination vaccines (i.e. Pentacel) , fill in a row for each separate antigen in the combination.

Write or stamp clinic address here