# VACCINE ADMINISTRATION AND SCREENING RECORD

**Patient Name:**

**Date of Birth:**

**Medical Chart Number:**

**Physician:**

**Practice Address:**

| VACCINE Administered | Administered Date | Eligibility Screening (use key below) | Vaccine Manufacturer | Vaccine Lot Number | Site (Optional) | Expiration Date (Optional) | Vaccine Admin's Initials | VIS Pub. Date | Parent or Guardian (Optional) |
|---|---|---|---|---|---|---|---|---|---|
| DTaP 1 | | | | | | | | | |
| DTaP 2 | | | | | | | | | |
| DTaP 3 | | | | | | | | | |
| DTaP 4 | | | | | | | | | |
| DTaP 5 | | | | | | | | | |
| Hib 1 | | | | | | | | | |
| Hib 2 | | | | | | | | | |
| Hib 3 | | | | | | | | | |
| Hib 4 | | | | | | | | | |
| Hep A 1 | | | | | | | | | |
| Hep A 2 | | | | | | | | | |
| Hep B 1 | | | | | | | | | |
| Hep B 2 | | | | | | | | | |
| Hep B 3 | | | | | | | | | |
| HPV 1 | | | | | | | | | |
| HPV 2 | | | | | | | | | |
| HPV 3 | | | | | | | | | |
| Influenza 1 | | | | | | | | | |
| Influenza 2 | | | | | | | | | |
| IPV 1 | | | | | | | | | |
| IPV 2 | | | | | | | | | |
| IPV 3 | | | | | | | | | |
| IPV 4 | | | | | | | | | |
| Meningococcal 1 | | | | | | | | | |
| | | | | | | | | | |
| MMR 1 | | | | | | | | | |
| MMR 2 | | | | | | | | | |
| Pneumococcal 1 | | | | | | | | | |
| Pneumococcal 2 | | | | | | | | | |
| Pneumococcal 3 | | | | | | | | | |
| Pneumococcal 4 | | | | | | | | | |
| | | | | | | | | | |
| Rotavirus 1 | | | | | | | | | |
| Rotavirus 2 | | | | | | | | | |
| Rotavirus 3 | | | | | | | | | |
| Varicella 1 | | | | | | | | | |
| Varicella 2 | | | | | | | | | |
| Tdap 1 | | | | | | | | | |
| | | | | | | | | | |
| Td | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

## ELIGIBILITY SCREENING

Screen for vaccine eligibility at each visit prior to vaccination.

**ELIGIBLE for FREE Vaccine as one (or more) of the following**

M = <19 years of age with Medicaid / Medicaid HMO

U = <19 years of age with no insurance

A = <19 years of age American Indian and/or Alaskan Native

I = < 19 y/o and insurance does not cover immunizations @ FQHC/RHC

S = Insured needing vaccine to meet school-requirement

AD = Adult needing IPV, MMR, Td

**NOT eligible for FREE Vaccine: Insured and not school-required**

P = Private Purchase Vaccine

Name of Vaccine Administrator _____ Title _____

Name of Vaccine Administrator _____ Title _____

Name of Vaccine Administrator _____ Title _____

VDH VIRGINIA DEPARTMENT OF HEALTH
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2/23/2011 - Public

This form may be attached to MCH 213 as a record of immunizations. However the appropriate box below the immunization section of the MCH 213 must be dated and signed to indicate the record has be appropriately assessed.