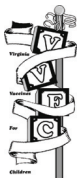
VACCINE ADMINISTRATION AND SCREENING RECORD



Patient Name:

Date of Birth:

Medical Chart Number:

Physician:

Practice Address:

Vaccine Brand Name	Antigens	Administered Date	Eligibility Screening	Vaccine Manufacturer	Vaccine Lot Number	Site (Optional)	Expiration Date (Optional)	Vaccine Admin's Initials	VIS Pub. Date	Parent or Guardian (Optional)