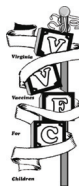
VACCINE ADMINISTRATION AND SCREENING RECORD



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									

VVFC ELIGIBILITY SCREENING

Screen for vaccine eligibility at each visit prior to vaccination.

VVFC ELIGIBLE: Patient is <19 y/o and one of the following

M = Child has Medicaid / Medicaid HMO, and/or

U = Child is not insured, and/or

A = Child is American Indian and/or Alaskan Native

NOT VVFC eligible: Insured / Underinsured

P = Private Purchase Vaccine

Name of Vaccine Administrator Title

Name of Vaccine Administrator Title

Name of Vaccine Administrator Title

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment
www.vdh.virginia.gov

02/25/2011 - Private

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.