

1. Last Name	First Name	MI
2. Patient Number		H
3. Date of Birth	Month	Day
4. Race	<input type="checkbox"/> 1. White <input type="checkbox"/> 2. Black <input type="checkbox"/> 3. Am. Indian/Alaskan Native <input type="checkbox"/> 4. Asian/Pacific Islander <input type="checkbox"/> 5. Other: _____	
Ethnicity: Hispanic Origin? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		
5. Sex	<input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female	
6. County of Residence		

N.C. Department of Health and Human Services  
 Division of Public Health  
 Immunization Branch

## Adult Vaccine Administration Record

Before administering any vaccines, give the patient copies of all pertinent Vaccine Information Statements (VISs) and make sure he/she understands the risks and benefits of the vaccine(s). Update the patient's personal record card or provide a new one whenever you administer the vaccine.

Vaccine	Date given (mo/day/yr)	Route	Site given (RA, LA)	Vaccine		Expiration date	Date on VIS <sup>1</sup>	Consent signature	Signature/initials of vaccinator
				lot #	mfr.				
Tetanus and Diphtheria (e.g., Td)									
Tetanus, Diphtheria, Pertussis (Tdap)									
Hepatitis A <sup>2</sup> (e.g., HepA, HepA-HepB)									
Hepatitis B <sup>2</sup> (e.g., HepB, HepA-HepB)									
Measles, Mumps, Rubella (MMR)									
Varicella (Var)									
Pneumococcal Conjugate (PCV13)									
Pneumococcal Polysaccharide (PPSV23)									
Zoster (Shingles) (Zos)									
Meningococcal Conjugate (MCV4)									
Human Pappillomavirus (HPV)									
Influenza (Flu)									

<sup>1</sup>Record the publication date of each VIS given to the patient. According to federal law, VISs must be given to patients before administering each dose of vaccine.  
<sup>2</sup>For combination vaccines, fill in the row for each individual antigen composing the combination.

# Adult Vaccine Administration Record

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Last) (First) (Middle) Mo. Day Year

Before administering any vaccines, give the patient copies of all pertinent Vaccine Information Statements (VISs) and make sure he/she understands the risks and benefits of the vaccine(s). Update the patient's personal record card or provide a new one whenever you administer the vaccine.

Vaccine	Date given (mo/day/yr)	Route	Site given (RA, LA)	Vaccine		Expiration date	Date on VIS <sup>1</sup>	Consent signature	Signature/ initials of vaccinator
				lot #	mfr.				

- Purpose: To document vaccines administered.
- Preparation: Update demographic information and complete at each vaccine administration.
- Directions: Complete all requested information for each vaccine administered.
- Distribution: Health Care Provider will maintain Vaccine Administration Record in individual's medical record.
- Disposition: This form is to be retained in accordance with the *Records Retention and Disposition Schedule* of medical records as issued by the NC Division of Archives and History.
- Ordering Information: Additional forms may be ordered from:  
 Division of Public Health – Immunization Branch  
 NC Department of Health and Human Services  
 1917 Mail Service Center  
 Raleigh, NC 27699-1917  
 Phone (877) 873-6247  
 FAX (800) 544-3058