

STOP — For Office Use Only
Vaccine Administration Record

VACCINE	DOSE #	LOT #	SITE	RN SIGNATURE	DATE
DTAP under 7 years 90700			LVL RVL LD RD IM		
HPV GARDASIL 9 90651			LD RD IM		
HEP A 90633			LVL RVL LD RD IM		
HEP B 90744			LVL RVL LD RD IM		
HIB 90648			LVL RVL LD RD IM		
IPV (Polio) 90713			LVL RVL LA RA SQ IM		
(Dtap, Polio) 90696			LD RD IM		
MENINGOCOCCAL 90734			LD RD IM		
MMR 90707			LVL RVL LA RA SQ		
MMRV 90710			LVL RVL LA RA SQ		
PENTACEL (DTAP,IPV,HIB) 90698			LVL RVL LD RD IM		
PREVNAR-13 90670			LVL RVL LD RD IM		
RABIES 90675			LD RD IM		
ROTA-X 90681			PO		
TDAP 7 years & older 90715			LD RD IM		
TD 90714			LD RD IM		
VARICELLA 90716			LVL RVL LA RA SQ		
6-35 mth Flu 90685			LVL RVL LD RD IM		
Flu Pres. free 90686			LVL RVL LD RD IM		
Flu Mist 90672			Nasal		
FluBlok 90673			LVL RVL LD RD IM		
TOOTH VARNISH D1208			EXP. DATE		
Diluent					
Nursing Assessment 99211	Notes:				

Administrative Assistant	
Time IN	
NN Number	
Insurance Verified	
Primary Insurance	
VFC	Private
NN Completed	
Impact Completed	

Medicaid Patients—Under 6	
Tooth Varnish Applied	Y or N

Doctor Information	
<input type="checkbox"/> Notification of Vaccination Form Filled Out	
Last Well Visit	
Will the child be returning to DGHD for vaccines?	Y OR N

ACTIVE	INACTIVE
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Nurse	
Time Completed	
NN Completed	
Impact Completed	