

**DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH  
IMMUNIZATION PROGRAM**

**INSTRUCTIONS FOR COMPLETING THE VACCINE ADMINISTRATION RECORD**

**PURPOSE:** To document that information about immunizations has been provided to the patient/parent/guardian; to record vaccine information required by the Centers for Disease Control and Prevention (CDC) under the National Childhood Vaccine Injury Act of 1986; and to establish an efficient method of processing immunization services in a clinical setting. This sheet is designed to replace and consolidate the VFC patient eligibility form and the VFC vaccine information pamphlet's Vaccine Administered Record (i.e. consent form) in order to improve clinic while maintaining clinic credibility and liability. This sheet should be used in conjunction with the Vaccine Information Statements (VIS) provided by CDC.

**EXPLANATION AND DEFINITIONS:** Prior to giving an immunization, have the patient/parent/guardian read the appropriate vaccine information statement(s); or if they have difficulty reading, explain the information in the statements so that it is understood by them. Have them read (or read to them if necessary) the sections entitled "Who should get vaccine?" and screen the patient for current contraindications and precautions to immunization. *Please refer to the package insert for storage, handling, & administration information.*

**ITEM-BY-ITEM INSTRUCTIONS**

**PROVIDER INFORMATION:** Write the *Name, Address, and Telephone Number* of the physician, clinic, or other medical provider or VFC PIN number from whom the patient is receiving immunizations. If a stamp is used, please stamp each copy of the Vaccine Administered Record.

**PATIENT INFORMATION:** Complete all items as appropriate. This information is entered into the DC Central Immunization Registry; limited patient information will be readily accessible without referencing a paper record. A copy of this VAR should be kept in the patient's permanent medical record.

**Insurance Plan:** Write name of insurance plan, i.e. Chartered, Health Right, DC Medicaid, Unison, etc.

**Patient ID Number:** Write the number that the medical facility uses to uniquely identify the patient (e.g., medical record number, chart number).

**Medicaid Number:** If the patient is actively enrolled in the Medicaid program, write his/her Medicaid number. Do not use the parent's number.

**Social Security Number:** Write the patient's Social Security Number (SSN) on this line. Do not write the SSN of the parent/guardian or other person.

**Name, Birth Date, Sex, Address, Apt #, City, State, Zip Code:** Fill in completely.

**Parent/Guardian:** Write the name(s) of the patient's parent or guardian for patients who are un-empowered minors under the age of 18 and for all patients under the custodial care of another individual.

**Ethnicity:** Please check the box indicating the patients ethnicity: Hispanic; Non-Hispanic

**Race:** Please check the letter(s) indicating the patients race: Asian (A); American Indian (AI); Black (B); Pacific Islander (PI); White (W); Other (O)

**Home Telephone:** Write the full home telephone number, including area code, of the patient or the patient's parent or guardian.

**Work Telephone:** Write the full work telephone number, including area code, of the patient or the patient's parent or guardian.

**Patient's Age:** Write the age of the patient, in either months or years, at the specific time of each vaccination.

**Date Vaccine Given:** Write the exact date that each specific vaccine was given. Write the date in the order: Month-Date- Year.

**Injection Site:** Write the 2-letter code for the site that each vaccine was administered. Use the Site Legend: LA= left arm; RA= right arm; LT= left thigh; RT= right thigh.

**Name/ Title of Vaccinator:** Name of person who actually administers the vaccine signs here. Use full signature and abbreviated title (e.g. RN, MD, MA).

**IMMUNIZATION INFORMATION**

(The following information is required by the CDC):

**Vaccine:** Select the correct line for the particular immunization to be administered; if necessary, circle the specific vaccine to be administered. Attach a copy or record of all previous immunizations given to the patient. Only copy information from the patient's documented immunization record.

**Vaccines and Abbreviations:**

Rotavirus - Rotavirus vaccine, live oral pentavalent or live oral monovalent	MMR – Measles, mumps, and rubella
DT - Pediatric diphtheria and tetanus toxoids	MMRV – Measles, mumps, rubella and Varicella combination vaccine
Tdap - Adolescent/adult tetanus, diphtheria, and acellular pertussis	VZV - Varicella zoster vaccine (Chickenpox vaccine)
DTaP - Diphtheria, tetanus, and acellular pertussis vaccine	FLU- Whole or split-virion influenza vaccine
Td - Adult tetanus and diphtheria toxoids	PCV7 - Pneumococcal conjugate vaccine (7 valent)
DTaP-Hib – Diphtheria, tetanus, acellular pertussis, and Hib combination vaccine	PPV23 - Pneumococcal polysaccharide vaccine (23 valent)
Hib - Haemophilus influenzae type b conjugate	HepA - Hepatitis A vaccine
HepB - Hepatitis B vaccine	HepA-HepB - Hepatitis A vaccine and Hepatitis B vaccine combination
Hib-HepB - Hib and Hepatitis B combination vaccine	HBIG - Hepatitis B immune globulin
DTaP-HepB-IPV - Diphtheria, tetanus, acellular pertussis, Hepatitis B, & Polio combination vaccine	MPSV4 - Meningococcal polysaccharide vaccine
IPV - Enhanced inactivated polio vaccine	MCV4 - Meningococcal conjugate vaccine
DTaP-IPV-Hib - Diphtheria, tetanus, acellular pertussis vaccine, polio and Haemophilus influenzae combination vaccine	HPV – Human Papillomavirus Vaccine
DTaP-IPV - Diphtheria, tetanus, acellular pertussis vaccine and polio combination vaccine	

**VACCINE SOURCE:** Evaluate the patient's method of payment for immunization services each time a vaccine is given. Using the following definitions, write the letter corresponding to the financial source of each vaccine dose in the Source column of the Record.

Vaccine Source Code	Description of Vaccine Source Code
Private (P)	Vaccine purchased using other than government funds (i.e., patient has insurance which covers immunization cost)
State (S)	Vaccine was purchased by the District of Columbia government
Federal Section 317 (F)	Vaccine was purchased by the Federal government's Section 317 grant
Vaccine for Children Program	If patient qualifies for VFC, indicate reason by selecting: <i>Medicaid (M)</i> , if the patient is actively enrolled in the DC Medicaid program; <i>No Health Insurance (0)</i> , if the patient is not covered by any type of health insurance policy; <i>VFC Under-insured (U)</i> , if the patient has insurance, but it does not cover immunization costs, and the Medical provider is a Federally Qualified Health Center; or, <i>American Indian/Alaskan Native (A)</i> , if the patient is a member of one of these ethnic groups.

**Vaccine Manufacturer:** Write the drug manufacturer by using the following abbreviations:

B = Bayer; C = Chiron; GSK = GlaxoSmithKline; M = Merck; MBL = Massachusetts Biological Labs; MI = MedImmune, Inc.; SP = Sanofi Pasteur; W = Wyeth.

**Lot Number:** Write the lot number located on the vaccine package and follow the manufacturer's instructions for proper use.

**VIS Given/Publication Date:** Check the box of the Vaccine Information Statement (VIS) that corresponds to the vaccine being given. Write the publication date of the VIS given to the patient or parent/guardian.

**Signature of Patient/Parent/Guardian:** The patient or the patient's parent/guardian signs here for each dose and type of vaccine to be given and agrees to the statement "I have been given a copy ... at the top of the Immunization Information section.

**Chickenpox Disease:** Mark this box if the patient has a reliable history of Chickenpox Disease. Must include the month and year of the disease, and the name of the health care provider verifying disease history. Parental recall of chickenpox disease history is not acceptable.

*Please attach a copy of all immunization histories, including those given by other providers.*

Visit <http://www.cdc.gov/vaccines> or [www.immunize.org](http://www.immunize.org) for further information.