



VACCINE ADMINISTRATION RECORD
 Philadelphia Immunization Program, Division of Disease Control
 Philadelphia Department of Public Health
 Tel: 215-685-6748 Fax: 215-238-6939

Provider Name/Address _____

Provider Phone: _____

Patient Name _____ Date of Birth _____ Record# _____ Tel _____

Parent/Guardian _____ Address _____

The person who administered the following vaccines certifies by his/her signature below that the appropriate Vaccine Information Statement (VIS) for each vaccine administered was given to the patient named above or to his/her parent/guardian/caretaker at the time of each immunization. **Please note when a combination vaccine is used.**

VACCINE	Recommended Age*	Date Given M/D/Y	Site**	Vaccine Manufacturer	Vaccine Lot #	VIS Pub. Dates	Signature of Vaccine Administrator
Hep B # 1	Birth						
Hep B # 2	2 Months						
Hep B # 3	6 Months						
DTaP # 1	2 Months						
DTaP # 2	4 Months						
DTaP # 3	6 Months						
DTaP # 4	12 Months						
DTaP # 5	4-6 Years						
IPV # 1	2 Months						
IPV # 2	4 Months						
IPV # 3	6 Months						
IPV # 4	4-6 Years						
Hib # 1	2 Months						
Hib # 2	4 Months						
Hib # 3	6 Months/12 Months***						
Hib # 4	12 Months /NA***						
PCV # 1	2 Months						
PCV # 2	4 Months						
PCV # 3	6 Months						
PCV # 4	12 Months						
Rotavirus #1	2 Months						
Rotavirus #2	4 Months						
Rotavirus #3	6 Months †						
MMR # 1	12 Months						
MMR # 2	4-6 Years						
Varicella # 1	12 Months						
Varicella # 2	4-6 Years						
Hep A #1	12 Months						
Hep A #2	18 Months						
Tdap #1	11-12 Years						
HPV # 1	11-12 Years						
HPV # 2	Dose 1 + 2 Months						
HPV # 3	Dose 2 + 4 Months						
MCV # 1	11-12 Years						
MCV # 2	16 Years						

*RECOMMENDED AGE is based upon the earliest ACIP-recommended age for routine vaccination. Children who present more than 4 weeks after the recommended age for a vaccine should be put on the catch-up schedule. Please refer to the VFC Grid to see if recommendations have been modified due to vaccine supply issues.

** Site Given LEGEND: RA=Right Arm; LA=Left Arm, RT=Right Thigh, LT=Left Thigh, O=Oral

*** Depends on whether 3-dose or 4-dose product is used.

† Depends on whether 2-dose or 3-dose product is used.

