# VACCINE ADMINISTRATION RECORD AND TUBERCULOSIS TESTING RECORD

**Allergies:**

NOTE: When transferring vaccine information from other providers, do NOT record invalid doses.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Disease Category Combination vaccines must be recorded in each category** | **Vaccine**  **Circle appropriate type** | **Date Given** | **Site / Route LA RA LL RL** | **Dosage** | **Manufacturer** | **Lot Number** | **Provider Initials** |
| **Hepatitis B** | **HepB** |  | IM | mL |  |  |  |
| **HepB** |  | IM | mL |  |  |  |
| **HepB** |  | IM | mL |  |  |  |
| **Hepatitis A** | **HepA** |  | IM | mL |  |  |  |
| **HepA** |  | IM | mL |  |  |  |
| **Rotavirus** | **RV1** ROTARIX **RV5** RotaTeq |  | PO | mL |  |  |  |
| **RV1** ROTARIX **RV5** RotaTeq |  | PO | mL |  |  |  |
| **RV1** ROTARIX **RV5** RotaTeq |  | PO | mL |  |  |  |
| **Diphtheria, Tetanus, Pertussis** | **DTaP DT Tdap Td** |  | IM | mL |  |  |  |
| **DTaP DT Tdap Td** |  | IM | mL |  |  |  |
| **DTaP DT Tdap Td** |  | IM | mL |  |  |  |
| **DTaP DT Tdap Td** |  | IM | mL |  |  |  |
| **DTaP DT Tdap Td** |  | IM | mL |  |  |  |
| **Tdap Td** |  | IM | mL |  |  |  |
| **Tdap Td** |  | IM | mL |  |  |  |
| **Polio** | **IPV** |  | SQ IM | mL |  |  |  |
| **IPV** |  | SQ IM | mL |  |  |  |
| **IPV** |  | SQ IM | mL |  |  |  |
| **IPV** |  | SQ IM | mL |  |  |  |
| **IPV** |  | SQ IM | mL |  |  |  |
| ***Haemophilus influenzae* type b** | **Hib** |  | IM | mL |  |  |  |
| **Hib** |  | IM | mL |  |  |  |
| **Hib** |  | IM | mL |  |  |  |
| **Hib** |  | IM | mL |  |  |  |
| **Pneumococcal** | **PCV7 PCV13** |  | IM | mL |  |  |  |
| **PCV7 PCV13** |  | IM | mL |  |  |  |
| **PCV7 PCV13** |  | IM | mL |  |  |  |
| **PCV7 PCV13** |  | IM | mL |  |  |  |
| **PPSV23 (polysaccharide)** |  | SQ IM | mL |  |  |  |
| **PPSV23 (polysaccharide)** |  | SQ IM | mL |  |  |  |
| **Measles, Mumps, Rubella** | **MMR** |  | SQ | mL |  |  |  |
| **MMR MMRV** |  | SQ | mL |  |  |  |
| **Varicella (Chickenpox)**  **Hx of disease:** yes no | **VAR** |  | SQ | mL |  |  |  |
| **VAR MMRV** |  | SQ | mL |  |  |  |
| **Meningococcal** | **MenACWY (1st dose)** |  | IM | mL |  |  |  |
| **MenACWY (Booster)**  Menactra MENVEO |  | IM | mL |  |  |  |
| **MenB (1st dose)** |  | IM | mL |  |  |  |
| **MenB (2nd dose)**  BEXSERO TRUMENBA |  | IM | mL |  |  |  |
| **Human Papillomavirus** | **2vHPV 4vHPV 9vHPV** |  | IM | mL |  |  |  |
| **2vHPV 4vHPV 9vHPV** |  | IM | mL |  |  |  |
| **2vHPV 4vHPV 9vHPV** |  | IM | mL |  |  |  |

See Back Of This Form For Other Vaccines And Tuberculosis Testing Record

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# OTHER VACCINES

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Vaccine** | **Date Given** | **Site / Route LA RA LL RL** | **Dosage** | **Manufacturer** | **Lot Number** | **Provider Initials** |
| **Zoster (ZVL** ZOSTAVAX**)** |  | SQ | mL |  |  |  |
| **Zoster (RZV** SHINGRIX**)** |  | IM | mL |  |  |  |
| **Zoster (RZV** SHINGRIX) |  | IM | mL |  |  |  |
|  |  | SQ IM | mL |  |  |  |
|  |  | SQ IM | mL |  |  |  |
|  |  | SQ IM | mL |  |  |  |
|  |  | SQ IM | mL |  |  |  |
|  |  | SQ IM | mL |  |  |  |
|  |  | SQ IM | mL |  |  |  |
|  |  | SQ IM | mL |  |  |  |

**TUBERCULOSIS (TB) TESTING**

Test Types: Blood Assay for *M. tuberculosis* (BAMT) or Tuberculin Skin Test (TST)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Testing**  **Date** | **Test Type (BAMT or TST)**  **and Manufacturer** | **Lot Number** | **Provider Initials** | **Reading Date, for TST** | **Results Pos or Neg**  **(for TST, record mm of induration)** | **Provider Initials** |
|  |  |  |  |  |  |  |
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# ADDITIONAL TB INFORMATION FOR PUBLIC HEALTH\*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Name:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Folder Location:** \_\_\_\_\_active \_\_\_\_\_inactive \_\_\_\_\_archived \_\_\_\_\_destroyed

**Date Folder Destroyed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of positive BAMT or TST:

Sex: \_\_\_\_\_ male \_\_\_\_\_female

MM induration (TST):

Diagnosis: Latent TB Infection TB Disease Treating physician: Medications and Regimen\_

Treatment start date:

Treatment completion date:

Drug resistance:

Date of last chest X-ray:

Results:

**\*This section must be completed if the patient’s folder is archived or destroyed**

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