

10/20/2022

North Carolina Immunization Registry
Organization: NORTH CAROLINA IMMUNIZATION REGISTRY
Site: NORTH CAROLINA IMMUNIZATION REGISTRY

Vaccine Administration Record

Information collected on this form will be used to document authorization for receipt of vaccine(s).

CHART NUMBER

Patient's Name (Last, First, Middle Initial)

Form fields for Date of Birth, Gender, Ethnicity, Race, and Mother's Maiden Name.

Eligibility Status section with checkboxes for American Indian, Medicaid, Not Insured, etc., and a Date Last Verified field.

Form fields for Name of Parent or Guardian, Address, City, County, State, Zip Code, and Telephone Numbers.

I am authorized by the parent, guardian, or person standing in loco parentis of the above-named child to obtain needed immunizations for the child.

I/parental designee have received the "Vaccine Information Statements" (VIS) about the disease(s) and vaccine(s). I have had a chance to review the VIS(s) and to ask questions that were answered to my satisfaction.

SIGNATURE - Person to receive vaccine or person authorized to sign on the patient's behalf and Date Signed.

FOR OFFICE USE

Table with 8 columns: Vaccine, Trade Name, Lot #, VIS Pub. Date, Date VIS Presented, Body Route, Body Site, mL. Rows include DTP/aP, HepA, HepB, Hib, HPV, Meningococcal Conjugate, and MMR.

Pneumococcal Conjugate					IM	RV LV RD LD	
Polio					IM	RV LV RD LD	
Rotovirus					Oral		
Td/Tdap					IM	RV LV RD LD	
Varicella					SC	RV LV RD LD	

**Record all other immunizations in the rows below:**


Abbreviations explained: IM = Intramuscular SC = Subcutaneous RV = Right Vastus Lateralis LV = Left Vastus Lateralis RD = Right Deltoid LD = Left Deltoid Subcutaneous injections are administered in the muscle "area".

SIGNATURE AND TITLE - Person Administering Vaccine

Date Vaccine Administered