

# VACCINE ADMINISTRATION RECORD

Information about person to receive vaccine (PLEASE PRINT)

NAME: LAST FIRST MI BIRTHDATE AGE

ADDRESS: STREET COUNTY

CITY

STATE

ZIP

"I have read or have had explained to me the information in the Vaccine Information Statement (VIS) about the vaccine(s) that will be administered. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risk of the vaccine(S) checked below to be given to me or to the person for whom I am authorized to make this request."

Signature of person to receive vaccine or person authorized to make request: Date statement provided:

X X

For office use only: Pre	BP	P	R	SPO2	Post	BP	P	R	SPO2
IPV - VIS Date: 08/06/2021 HPV - VIS Date: 08/06/2021 Typhoid - VIS Date: 10/30/2019 Vaccine Adm Date _____ Manufacturer _____ Lot # _____ Injection Site      Dose #      IM R    L    Thigh    Upper Arm    Deltoid			DTap - VIS Date: 08/06/2021 Td - VIS Date: 08/06/2021 Tdap - VIS Date: 08/06/2021 DTap/HBV/IPV    DTap/IPV/HIB DTap/IPV VIS Date: Multi 07/24/2023 Vaccine Adm Date _____ Manufacturer _____ Lot # _____ Injection Site      Dose # R    L    Thigh    Deltoid    IM			HIB - VIS Date: 08/06/2021 Rotavirus - VIS Date: 10/15/2021 Vaccine Adm Date _____ Manufacturer _____ Lot # _____ Injection Site      Dose #      IM R    L    Thigh    Deltoid    PO			
MMR - VIS Date: 08/06/2021 Varicella - VIS Date: 08/06/2021 Shingles - VIS Date: 10/30/2019 Vaccine Adm Date _____ Manufacturer _____ Lot # _____ Injection Site      Dose # R    L    Thigh    Upper Arm    SQ			Pneumococcal Conjugate VIS Date: 05/12/2023 Pneumococcal Polysaccharide VIS Date: 10/30/2019 Meningococcal Conjugate VIS Date: 08/06/2021 Vaccine Adm Date _____ Manufacturer _____ Lot # _____ Injection Site      Dose # R    L    Thigh    Deltoid    IM			HAV/HBV - VIS Date: 07/20/2016 HAV - VIS Date: 10/15/2021 HBV - VIS Date: 05/12/2023 Vaccine Adm Date _____ Manufacturer _____ Lot # _____ Injection Site      Dose # R    L    Thigh    Deltoid    IM			

MONROE COUNTY HEALTH DEPARTMENT  
1315 Jamie Lane Waterloo, IL 62298  
618-939-3871

Signature & Title of Vaccine Administrator \_\_\_\_\_  
VIS Provided to Parent/Legal guardian/recipient Yes