

FOR OFFICE USE ONLY:

<p>VFC Eligibility:</p> <input type="checkbox"/> Medicaid Eligible <input type="checkbox"/> Other State Eligible <input type="checkbox"/> American Indian or Native Alaskan <input type="checkbox"/> No Insurance <input type="checkbox"/> Underinsured (Vaccines not covered by health insurance) <input type="checkbox"/> Insured (Vaccines covered by health insurance – <u>Not</u> VFC eligible)	<p align="center">“A-A-R” – TOBACCO USE & EXPOSURE:</p> <p>A)-Do you currently use tobacco? <input type="checkbox"/> Yes <input type="checkbox"/> No A)-If YES, Advised to quit? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you exposed to SHS? <input type="checkbox"/> Yes <input type="checkbox"/> No R)-Referred to Quitline/Local Pgm? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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S/P ¹	Vaccine(s) To Be Given	VIS Date	Mfr. (circle)	Lot Number	Route	Admin. Site (circle)	Nurse Initial
	DTaP (diphtheria-tetanus-pertussis)	8/6/21	SP GSK		IM	LA RA LT RT	
	DTaP/IPV (Kinrix)	8/6/21	GSK		IM	LA RA LT RT	
	DTaP/IPV/Hib (Pentacel)	8/6/21	SP		IM	LA RA LT RT	
	Hep A (HepatitisA) Ped ____ Adult____	10/15/21	M GSK		IM	LA RA LT RT	
	Hep B (Hepatitis B) Ped ____ Adult____	8/15/21	M GSK		IM	LA RA LT RT	
	Hib (Haemophilus influenzae B)	8/6/21	SP M		IM	LA RA LT RT	
	HPV-9 (Human Papillomavirus)	8/6/21	M		IM	LA RA LT RT	
	IPV (inactivated polio vaccine)	8/6/21	SP		IM/SQ	LA RA LT RT	
	MMR (Measles-Mumps-Rubella)	8/6/21	M		SQ	LA RA LT RT	
	MMR/Varicella (ProQuad)	8/6/21	M		SQ	LA RA LT RT	
	MCV-4 (Meningococcal Conj.) Menactra	8/6/21	SP		IM	LA RA LT RT	
	Men B (Bexsero)	8/6/21	GSK		IM	LA RA LT RT	
	PCV-13 (Pneumococcal Conjugate)	2/4/22	W		IM	LA RA LT RT	
	PPV23 (Pneumococcal Polysaccharide)	10/30/19	M		IM/SQ	LA RA LT RT	
	Rotavirus	10/15/21	M GSK		PO		
	PCV20 (Pneumococcal Conjugate)	2/4/22	Pfizer		IM	LA RA LT RT	
	Tdap (tetanus-diphtheria-pertussis)	8/6/21	SP GSK		IM	LA RA LT RT	
	Varicella (chickenpox)	8/6/21	M		SQ	LA RA LT RT	
	Shingrix (Shingles)	2/4/22	GSK		IM	LA RA LT RT	
	Fluarix Quad 0.5 ml – PFS 6 mos. +	8/6/21	GSK		IM	LA RA LT RT	
	Fluzone Quad 0.5 ml – PFS 6 mos. +	8/6/21	SP		IM	LA RA LT RT	
	Flucelvax Quad 0.5ml PFS State 19+	8/6/21	Seqirus		IM	LA RA LT RT	
	Fluzone HD 0.5 ml – age 65 & up - Tri	8/6/21	SP		IM	LA RA LT RT	
	Pfizer 12 & up		Pfizer		IM	LA RA LT RT	

¹ S = State / P = Private

Date Vaccine Administered:	Signature of Administrator	Next appointment
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