

Idaho's Immunization Reminder Information System

Organization: _____
Vaccine Administration Record

FOR OFFICE USE

Vaccine	VIS Date	Body Route	Body Site*	
DTP/aP	08/24/2018		RV LV RD LD BN	
HepA	07/20/2016	IM	RV LV RD LD BN	
HepB	10/12/2018	IM	RV LV RD LD BN	
Hib	04/02/2015	IM	RV LV RD LD BN	
HPV	12/06/2016	IM	RV LV RD LD BN	
Influenza	08/07/2015		RV LV RD LD BN	
MeningACWY	08/24/2018		RV LV RD LD BN	
MMR	02/12/2018	SC	RV LV RD LD BN	
Pertussis (Tdap)	02/24/2015		RV LV RD LD BN	
Pneumo-Poly	04/24/2015	SC	RV LV RD LD BN	
Pneumococcal	11/05/2015	IM	RV LV RD LD BN	
Polio	07/20/2016		RV LV RD LD BN	
Td	04/11/2017		RV LV RD LD BN	
Varicella	02/12/2018	SC	RV LV RD LD BN	

*RV=Right Vastus Lateralis LV=Left Vastus RD=Right Deltoid LD=Left Deltoid BN=Bilateral Naris Subcutaneous injections are administered in the muscle "area".

SIGNATURE - Person Administering Vaccine X	Date Signed
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