Patient Name ______________________________________

Date of Birth ______________________________________

Med. Rec. # ______________________________________

FLORIDA HEALTH CARE PLANS

VACCINE ADMINISTRATION RECORD

I have been provided a copy of the appropriate Centers for Disease Control and Prevention Vaccine Information Material(s) and have read, or have had explained to me, information about the disease and the vaccines listed below. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the vaccines cited, and ask that the vaccine(s) listed below be given to me or to the person named above (for whom I am authorized to make this request).

Vaccine	Date Given mm/dd/yy	Route	Site Given (LA, RA, LT, RT)	Vaccine		VIS Pub. Date	Vaccine Administrator Signature	Member/ Guardian Signature
				Manufacturer	Lot #			
DT DTaP 1		IM						
DT DTaP 2		IM						
DT DTaP 3		IM						
DT DTaP 4		IM						
DT DTaP 5		IM						
Hep B 1		IM						
Hep B 2		IM						
Hep B 3		IM						
Hib 1		IM						
Hib 2		IM						
Hib 3		IM						
Hib 4		IM						
IPV 1		IM/SC						
IPV 2		IM/SC						
IPV 3		IM/SC						
IPV 4		IM/SC						
Pneumococcal 1		IM						
Pneumococcal 2		IM						
Pneumococcal 3		IM						
Pneumococcal 4		IM						
Hep A 1		IM						
Hep A 2		IM						
MMR 1		SC						
MMR 2		SC						
Varicella 1		SC						
Varicella 2		SC						
Document Date of Chicken Pox Disease								Chicken Pox ICD9 - V12.09
Menactra		IM						
Tdap		IM						
Tdap		IM						

09-807-6-06RP

Revised 9/07

ADDITIONAL SPACE ON BACK TO RECORD "OTHER" VACCINES AND PPD'S

Patient Name ______________________________________

Date of Birth ______________________________________

Med. Rec. # ______________________________________

FLORIDA HEALTH CARE PLANS

VACCINE ADMINISTRATION RECORD

PPD SITE	DATE GIVEN	LOT #	EXP. DATE	NURSE SIGNATURE	DATE READ / RESULTS	NURSE SIGNATURE

OTHER VACCINES

Vaccine	Date Given mm/dd/yy	Route	Site Given (LA, RA, LT, RT)	Vaccine		VIS Pub. Date	Vaccine Administrator Signature	Member/ Guardian Signature
				Manufacturer	Lot #			