# Vaccine Administration Form

**Patient Name:**

**Birth Date:**

**Social Security #:**

**Clinic Name:**

**Clinic Address:**

**Clinic Telephone #:**

**Patient Residency (Please Check One)**

[ ] WY RESIDENT  
[ ] NON-RESIDENT

Enter # in Eligibility Box for each dose administered

1. Medicaid
2. Native American/Alaskan Native
3. No Insurance
4. Insurance/Kid Care
5. Underinsured

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**Legend for Vaccines and for Site Given On Reverse Page**

**Vaccine**
- DT
- DTaP
- DTaP+IPV+Hep B
- Dtap+HIB+IPV
- DTaP+IPV
- HIB (PedvaxHIB® or ActHIB®)
- HPV (Gardasil® or Cervarix®)
- MMR
- MMRV
- PCV13
- IPV
- RV (RotaTeq® or Rotarix®)
- Td
- Tdap (Boostrix® or Adacel®)
- VAR (Vaccine or History)
- Flu (IIV, LAIV, QIIV, or QLAIV)
- Other

**Date Given**

**Age**

**Site**

**Route**

**Eligibility**

**Vaccine Manufacturer**

**Vaccine Lot #:**

**VIS Pub.Date**

**Staff Initials**

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Non-resident, insured children should not receive vaccine from state stock.

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**Signature of Vaccine Administrator**

**Signature of Parent/Guardian/Responsible Party**

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

Wyoming Immunization Program 307-777-7952 www.immunizewyoming.com - Form IMM-2 01/02/13
DT - Pediatric Diphtheria & Tetanus Toxoids
DTaP - Diphtheria, Tetanus Toxoids & Acellular Pertussis
Flu-Influenza
Hep A - Hepatitis A
Hep B - Hepatitis B
Hib - Hemophilus Influenzae B
HPV - Human Papillomavirus
IIV-Inactivated Influenza Vaccine
IPV - Inactivated Polio
LAIV-Live Attenuated Influenza Vaccine

MMR - Measles, Mumps & Rubella
MMRV - Measles, Mumps, Rubella & Varicella
PCV13-Pneumococcal Conjugate Vaccine
QIIV-Quadrivalent Inactivated Influenza Vaccine
QLAIV-Quadrivalent Live Attenuated Influenza Vaccine
RV - Rotavirus
Td - Tetanus & Diphtheria Toxoids
Tdap - Tetanus Toxoids, diphtheria & acellular pertussis
VAR-Varicella

Legend for Vaccine Abbreviations

Site Given Legend
LA - Left Arm
LT - Left Thigh
IN - Nose
PO - Mouth
RA - Right Arm
RT - Right Thigh

Route Given Legend
ID - Intradermal
IM - Intramuscular
IN - Intranasal
PO - Oral
SC - Subcutaneous