SAMPLE YOUTH CAMP IMMUNIZATION RECORD

Name: _____ Birthdate: _____

Before administering any vaccines, give the parent/legal representative all appropriate copies of Vaccine Information Statements (VIS's) and make sure they understand the risks and benefits of the vaccine(s). Update the patient's personal record card or provide a new one whenever you administer vaccine.

PLEASE INDICATE ALL KNOWN DATES OF IMMUNIZATION OR ILLNESS

Vaccine	**Type of Vaccine** 1	**Date given** (mo/day/yr)	**Source** (S or P) 2	**Site** 3	**Route** (IM, SC, IN or Oral)	**Vaccine**	**Vaccine Information**			**Results: Positive/Negative**
						Lot #	Mfr.	Date on VIS 4	Date given/ Initials	
Diphtheria, Tetanus, Pertussis (e.g.DTaP, DTaP-Hib, DTaP-HebB-IPV, DT, Tdap, Td) Route IM.										
Polio (e.g., IPV, Dtap-HebB-IPV) IPV Route SC or IM DtaP-HepB-IPV Route IM.										
Measles, Mumps, Rubella (e.g., MMR, MMRV) Route SC.										
Haemophilus influenzae type b (e.g., Hib, Hib-HepB, DTaP-Hib) Route IM.										
Hepatitis B (e.g., HepB, Hib-HepB, DTaP-Hib) Route IM.										
Varicella (e.g., Var, MMRV) Route SC.										
Pneumococcal (e.g., PCV, conjugate; PPV, polysaccharide) PCV Route IM. PPV Route SC or IM.										
Rotavirus (Rv) Route Oral **Never given after 32 weeks of age**										
Hepatitis A or C (HepA, HepC) Route IM.										
Human Papillomavirus (HPV) Route IM.										
Meningococcal (e.g., MCV4, conjugate; MPSV4, olysaccharide MCV4 Route IM.										
Influenza (e.g., TIV, inactivated; LAV, live attenuated) RouteTIV IM. Route LAIV IN										
TB Mantoux Test										
Other										