



# GEORGIA VACCINE ADMINISTRATION RECORD

Patient Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Record #: \_\_\_\_\_

Clinic Name/Address: \_\_\_\_\_

\*\*\* VFC Eligibility: This patient is under 19 years of age and is eligible to receive VFC vaccine because: **M**=Child has Medicaid, **PC**=Child has PeachCare for Kids, **N**=Child is Not Insured, **U**=Child is Underinsured, **A**=Child is American Indian or Alaska Native, or **PI**=Private insurance patient (not eligible for VFC).

Vaccine (Circle)	VACCINE ADMINISTERED						VFC Eligi- bility ***	VACCINE			VACCINE INFORMATION STATEMENTS		Vaccine Admini- strator Initials	Parent/ Guardian Initials (Optional)
	Date mm/dd/yy	Patient Age	Dosage	Route IM or subQ	Site*	C**		Manufacturer	Lot Number	Expiration Date	Date Published	Date Provided		
DTaP or DT - 1														
DTaP or DT - 2														
DTaP or DT - 3														
DTaP or DT - 4														
DTaP or DT - 5														
Tdap-1														
Rotavirus-1														
Rotavirus-2														
Rotavirus-3														
Td - 1														
Td - 2														
Hib - 1														
Hib - 2														
Hib - 3														
Hib - 4														
Hep B - 1														
Hep B - 2														
Hep B - 3														
Polio - 1														
Polio - 2														
Polio - 3														
Polio - 4														
MMR - 1														
MMR - 2														
Varicella - 1														
Varicella - 2														
MCV4														
MPSV4														
Hep A - 1														
Hep A - 2														
PCV7 - 1														
PCV7 - 2														
PCV7 - 3														
PCV7 - 4														
FLU - 1														
FLU - 2														
Zoster - 1														
PPV23 - 1														
PPV23 - 2														
HPV - 1														
HPV - 2														
HPV - 3														



