



**State of Rhode Island
Birthing Hospital Vaccine Administration Record**

Hospital Name:

Kent
 Landmark
 Newport
 South County
 Women & Infants

Patient Name: _____

Date of Birth: _____ Record Number _____

Vaccine	Type of Vaccine ¹ (generic abbreviation or brand name)	Date given (mo/day/yr)	Site ²	Vaccine		Signature Of Vaccinator	Vaccine Information Statement (VIS) ³		Signature Of Person Giving VIS
				Lot #	Mfr		Date on VIS	Date VIS given	
Hepatitis B⁴ (e.g., HepB, Hib-HepB, DTaP-HepB-IPV) Give IM.									
Diphtheria, Tetanus, Pertussis⁴ (e.g., DTaP, DTaP-Hib, DTaP-HepB-IPV, DT, DTaP-Hib-IPV, Tdap, DTaP-IPV, Td) Give IM.									
Haemophilus influenzae type b⁴ (e.g., Hib 3-dose, Hib 4-dose; Hib-HepB, DTaP-Hib-IPV, DTaP-Hib) Give IM.									
Polio⁴ (e.g., IPV, DTaP-HepB-IPV, DTaP-Hib-IPV, DTaP-IPV) Give IPV SC or IM. Give all others IM.									
Pneumococcal (e.g., PCV, conjugate; PPSV, polysaccharide) Give PCV IM. Give PPSV SC or IM.									
Rotavirus (e.g., RV1=Rotarix, RV3= RotaTeq) Give oral (PO).									
Measles, Mumps, Rubella (e.g., MMR, MMRV (Var)) Give SC.									
Varicella (e.g., Var.) Give SC.									
Hepatitis A (HepA) Give IM.									
Meningococcal (e.g., MCV4) Give IM.									
Human papillomavirus (e.g., HPV) Give IM.									
Influenza (e.g., QIV, TIV, inactivated) Give QIV, TIV IM.									

- Record the generic abbreviation (e.g., DTaP-HepB-IPV; PCV), or the brand name (e.g., Pediarix; Prevnar) for the type of vaccine given.
- Record the site where vaccine was administered as RA (Right Arm), LA (Left Arm), RT (Right Thigh), LT (Left Thigh), IN (Intranasal), or PO (by mouth).
- Record the publication date of each VIS as well as the date it is given to the patient. To get a VIS, go to <http://www.immunize.org/vis/>.
- For combination vaccines, fill in a row for each separate antigen in the combination.

Other Medications	Date Given	
HBIG	____/____/____	
Synagis	____/____/____	