# Vaccine administration log sheet

**Name and title of vaccine administrator**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions:** List the names of the patients you plan on seeing today along with their date of birth (DOB), and mark the vaccines or boosters that are due. Then record the lot number of each vaccine the patient receives and the edition and date given for each vaccine information statement (VIS).

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Patient Name  and DOB | Influenza  Manufacturer/ Lot Number/ Expiration | PCV13  Manufacturer/ Lot Number/ Expiration | PPSV23  Manufacturer/ Lot Number/ Expiration | HPV  Manufacturer/ Lot Number/ Expiration | Tdap  Manufacturer/ Lot Number/ Expiration | VZV  Manufacturer/ Lot Number/ Expiration | Other  Manufacturer/ Lot Number/ Expiration |
| NAME:  DOB: |  |  |  |  |  |  |  |
| VIS Edition & Date Given: |  |  |  |  |  |  |  |
| NAME:  DOB: |  |  |  |  |  |  |  |
| VIS Edition & Date Given: |  |  |  |  |  |  |  |
| NAME:  DOB: |  |  |  |  |  |  |  |
| VIS Edition & Date Given: |  |  |  |  |  |  |  |
| NAME:  DOB: |  |  |  |  |  |  |  |
| VIS Edition & Date Given: |  |  |  |  |  |  |  |
| NAME:  DOB: |  |  |  |  |  |  |  |
| VIS Edition & Date Given: |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Patient Name  and DOB | Influenza  Manufacturer/ Lot Number/ Expiration | PCV13  Manufacturer/ Lot Number/ Expiration | PPSV23  Manufacturer/ Lot Number/ Expiration | HPV  Manufacturer/ Lot Number/ Expiration | Tdap  Manufacturer/ Lot Number/ Expiration | VZV  Manufacturer/ Lot Number/ Expiration | Other  Manufacturer/ Lot Number/ Expiration |
| NAME:  DOB: |  |  |  |  |  |  |  |
| VIS Edition & Date Given: |  |  |  |  |  |  |  |
| NAME:  DOB: |  |  |  |  |  |  |  |
| VIS Edition & Date Given: |  |  |  |  |  |  |  |
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| VIS Edition & Date Given: |  |  |  |  |  |  |  |
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| VIS Edition & Date Given: |  |  |  |  |  |  |  |

Source: *AMA. Practice transformation series: implementing a team-based adult immunization program. 2017.*