

FLU VACCINE

1. Obtain vaccines from refrigerator in Ronnie's office.
 - a. Keep vaccine vials in refrigerated bag
2. Complete Dept. of Public Health vaccine form for each flu shot given.
3. Complete Unity Clinic vaccine log for each flu vaccine given. (SAMPLE A)
4. Chart flu shot on vaccine immunization form at back of patient's chart. (SAMPLE B)
5. Chart flu shot given on progress note in patient's chart. (SAMPLE C)
6. Record flu vaccine on patient's take home record card. (SAMPLE D)

RETURN ALL IMMUNIZATIONS AT END OF NIGHT TO REFRIGERATOR

PNEUMONIA VACCINE

1. Patients > 50 years old with lung compromising illness, booster at 5 years if younger than 65 years old.
2. Patients 65 years old – one dose only.
3. Record pneumonia vaccine on Unity Clinic vaccine log for each tetanus vaccine given. (SAMPLE A)
4. Chart pneumonia vaccine on vaccine immunizations form at back of patient's chart. (SAMPLE B)
5. Chart pneumonia vaccine in chart on patient's progress note. (SAMPLE C)
6. Record pneumonia vaccine on patient's take home record card. (SAMPLE D)

RETURN ALL IMMUNIZATIONS AT END OF NIGHT TO REFRIGERATOR

TETANUS VACCINE – per clinician’s order

Tdap – Tetanus, Diphtheria, Acellular Pertussis – 1st dose

Td – Tetanus, Diphtheria – one month later

Td – Tetanus, Diphtheria – six months later

Unimmunized patients receive series of three vaccines.

1. Ask women of childbearing age prior to administering vaccine:
 - a. Are you pregnant?
 - b. Last Menstrual Period (LMP), chart on progress note on patient chart along with vaccine given. (SAMPLE C)
2. Record Tdap or Td vaccine on Unity Clinic vaccine log for each tetanus vaccine given. (SAMPLE A)
3. Chart Tdap or Td vaccine on vaccine immunization form at back of patient’s chart. (SAMPLE B)
4. Chart Tdap or Td vaccine on progress note in patient’s chart. (SAMPLE C)
5. Record Tdap or Td on patient’s take home record card. (SAMPLE D)

RETURN ALL IMMUNIZATIONS AT END OF NIGHT TO REFRIDGERATOR

HEPATITIS A and B – TWINRX VACCINE – per clinician’s order

Three doses – 1st dose

2nd dose – 1 month later

3rd does – 6 months after first dose

1. Ask women of childbearing age prior to administering vaccine:
 - a. Are you pregnant?
 - b. Last Menstrual Period (LMP), chart on progress note on patient chart along with vaccine given. (SAMPLE C)
2. Record on Unity Clinic vaccine log for each TwinRx vaccine given. (SAMPLE A)
3. Chart TwinRx vaccine on vaccine immunization form at back of patient’s chart. (SAMPLE B)
4. Chart TwinRx vaccine on progress note in patient’s chart. (SAMPLE C)
5. Record TwinRx on patient’s take home record card. (SAMPLE D)

RETURN ALL IMMUNIZATIONS AT END OF NIGHT TO REFRIDGERATOR



ADULT VACCINE ADMINISTRATION RECORD

Philadelphia Department of Public Health
Division of Disease Control, Immunization Program
Phone: (215) 685-6748 Fax: (215) 685-6806

Provider Name/Address:

Provider Phone:

Sample B

X Patient Name: _____ X Date of Birth: _____ Record#: _____

Patient Address: _____ Tel: _____

The person who administered the following vaccines certifies by his/her signature below that the appropriate Vaccine Information Statement (VIS) for each vaccine administered was given to the patient named above or to his/her parent/guardian/caretaker at the time of each immunization.
Please note when a combination vaccine is used.

VACCINE	Date Given M/D/Y	Site*	Vaccine Manufacturer	Vaccine Lot #	VIS Publication Dates	Signature of Vaccine Administrator
Tdap						
Td # 1						
# 2						
Hep B OR (A+B) #1 (circle one)						
Hep B OR (A+B) #2						
Hep B OR (A+B) #3						
Hep A #1						
Hep A #2						
HPV #1						
HPV #2						
HPV #3						
Pneumococcal						
MMR						
MMR						
Varicella #1						
Varicella #2						
Zoster						
Meningococcal						
Other						

*Site Given LEGEND: RA=Right Arm, LA=Left Arm, RT=Right Thigh, LT=Left Thigh, O=Oral

SAMPLE C

Name:

DOB:

Date

Progress Notes

Please note the language interpreter name if applicable.

Imm. GIVEN - SITE - FEMALE (LMP/MENO) - SIGNATURE

Name: **SAMPLE D**
Nombre:

Name: **SAMPLE D**
Nombre:

Vaccine Vacuna	Date Administered Fecha Administrada	Administered by Administrado por
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Vaccine Vacuna	Date Given Fecha de la Vacuna	Doctor or Clinic Doctor o Clínica
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Human Papilloma Virus (HPV)	1	
	2	
	3	

Hepatitis B	1	
	2	
	3	

Meningococcal		
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Hepatitis A	1	
	2	

Influenza (Flu, Gripe)	1	
	2	

DTaP/DTP/DT	1	
(Diphtheria, Tetanus, Pertussis)	2	
(Difteria, Tétanos, Pertussis)	3	
	4	
	5	

Tdap	1	
Td	1	#2
IPV/OPV (Polio)	1	
	2	
	3	
	4	

Herpes Zoster (shingles) / Herpes Zóster (culebrilla)		

Hib (Haemophilus influenzae type B)	1	
	2	
(Haemophilus influenzae tipo B)	3	
	4	

Allergies and other health problems: *Problemas, Alergias:*

Pneumococcal Conjugate (Neumococo Conjugado)	1	
	2	
	3	
	4	

Pennsylvania Immunization Card Historial de Vacunas de Pennsylvania

Name / Nombre: _____
Date of Birth / Fecha de Nacimiento: _____

Pneumococcal Polysaccharide (Polisacarido)	1	
	2	
Rotavirus	1	
	2	
	3	
MMR (Measles, Mumps, Rubella) (Sarampión, Paperas, Rubéola)	1	
	2	

Varicella	1	
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