ADULT VACCINE ADMINISTRATION RECORD

Randolph Township Department of Health
502 Millbrook Ave., Randolph, NJ 07869
Phone: 973-537-7118 Fax: 973-366-2426

	Staff Check
Private Pay	
AVFC	

Patient Name _____ NJIIS# _____

Address _____

Town _____ Zip _____ Allergies: _____

Phone# _____ DoB _____ Chronic Illnesses: _____

Do you have insurance? Yes _____ No _____ Gender Identity _____

Does your insurance pay for immunizations? Yes _____ No _____ Twin? Yes _____ No _____

I have been provided a copy of the appropriate Centers for Disease Control and Prevention Vaccine Information Materials and have read, or have had explained to me, information about the diseases and vaccines listed below. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the risks and benefits of the vaccines cited, and ask that the vaccine(s) listed below be given to me or to the person named above for whom I am authorized to make this request. SIGNITURE _____

Vaccine	Date	age	site ***	source (FSP) **	vaccine manu	Vaccine lot number	VIS date pub	VIS date given	Ins Y/N	Plan A Verified A/I	Preg Y/N LMP	Illness Y/N	previous problem Y/N	Blood Prod Y/N	Staff Initial *	Client initials
Flu							8/15/19									
Hep A 1							7/20/16									
Hep A 2							7/20/16									
Hep B 1							8/15/19									
Hep B 2							8/15/19									
Hep B 3							8/15/19									
HPV 1							10/30/19									
HPV 2							103019									
HPV 3							10/30/19									
MMR 1							8/15/19									
MMR 2							8/15/19									
Men ACWY							8/15/19									
Men B 1							8/15/19									
Men B 2							8/15/19									
PCV 13							10/30/19									
Pneumo 23							10/30/19									
Td							4/11/17									
Tdap							2/24/15									
Varicella 1							8/15/19									
Varicella 2							8/15/19									
Zoster Recomb 1							10/30/19									
Zoster Recomb 2							10/30/19									

Vaccine Admin. Signature _____ Initials _____ * Client Signature _____ Initials _____ *

Vaccine Admin. Signature _____ Initials _____ *

Vaccine Admin. Signature _____ Initials _____ * Kathy Maher, FNP-C

VAR 11/19 ** F= Federal S=State P=Private *** RA= right arm LA= left arm RT=right thigh LT= left thigh