

## Individual Vaccine Administration Record (VAR) Information

Individual's Name or label: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Individual Screening Questions	Yes	No	Don't know
1. Has the patient eaten in the past 4 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the patient have a fever or feel sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the patient have allergies to medicine, food, latex, or vaccines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the patient had a bad reaction to a vaccine in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the patient ever had a seizure or brain problem or have Guillain-Barre Syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the patient have cancer, leukemia, HIV/AIDS, or other immune system problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the patient have heart, lung, or kidney disease, diabetes, anemia, or other long term health problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the patient taken prednisone, cortisone, other steroids, radiation, or cancer treatment in the last 3 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the patient received blood, blood products, or immune globulin (IG) in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the patient pregnant or planning on becoming pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has the patient received vaccines in the past 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Does the patient need a test for tuberculosis (TB) in the next month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Does the patient have asthma, smoke, or use tobacco products, or live with someone who does?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Does the patient have a shot card or record?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Has the patient ever had chickenpox? If so, when? Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Would you like information about local food banks and food pantries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**\*All persons who get vaccines need to wait 15 minutes before leaving the clinic. This is for your safety in case of fainting, allergic reaction, or side effects. By signing this I have read and understood this instruction:**

I received the Vaccine Information Statements for needed vaccines. I understand the benefits and risks of vaccination and had all my questions answered. I agree to get the requested vaccines for myself or the person/child I am responsible for. I allow the release of information needed for insurance claims or payments of medical benefits.

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* **Must** be parent or legal guardian for children under 15 years old

# OFFICE USE ONLY

VIS given? ☐ Yes ☐ No Explanation: \_\_\_\_\_

**Billing Code →** Vaccine Admin Fee Code

(1) 90471 (2+) 90472 (COVID admin) 90480

## CHILDREN ONLY

## ADULTS/KIDS w PRIVATE INSURANCE

**M** (Medicaid, OHP) **F** (Underinsured, FQHC) **O** 317 funds (Other State Supplied) **L** —Private (Locally Owned)

**N** (No Insurance) **A** (Am. Indian/AK Native) **B** Private Insurance or Self Pay (Billable/Not Eligible)

**S** Flu-Special (Special Projects)

Fund. Code	CVX Vaccine	Brand	Site	Dose	Lot #	Exp. Date	VIS Date
	20 DTaP	Infanrix	LAI RAI	0.5 ml			08/06/21
	113 Td	Tenivac	LTI RTI	0.5 ml			08/06/21
	115 Tdap	Boostrix/Adacel	LTI RTI	0.5 ml			01/31/25
	110 DTaP/HepB/IPV	Pediarix	LAI RAI	0.5 ml			07/24/23
	130 DTaP/IPV	Kinrix	LAI RAI	0.5 ml			07/24/23
	146 DTaP/IPV/Hib/HepB	Vaxelis	LAI RAI	0.5 ml			07/24/23
	120 DTaP/IPV/Hib	Pentacel	LAI RAI	0.5 ml			07/24/23
	83 Hep A (Pedi)	Havrix Pedi	LAI RAI	0.5 ml			01/31/25
		Vaqta Pedi	LTI RTI	0.5 ml			01/31/25
	52 Hep A (Adult)	Havrix	LAI RAI	1.0 ml			01/31/25
			LTI RTI	1.0 ml			01/31/25
	08 Hep B (Pedi)	Engerix-B	LAI RAI	0.5 ml			01/31/25
		Recombivax HB	LTI RTI	0.5 ml			01/31/25
	43 Hep B (Adult 3 dose)	Engerix-B	LAI RAI	1.0 ml			01/31/25
			LTI RTI	1.0 ml			01/31/25
	189 Hep B (Adult 2 dose)	Heplisav-B	LAI RAI	0.5 ml			01/31/25
			LTI RTI	0.5 ml			01/31/25
	104 Hep A/B	Twinrix	LAI RAI	1.0 ml			01/31/25
			LTI RTI	1.0 ml			01/31/25
	49 Hib	PedvaxHIB	LAI RAI	0.5 ml			08/06/21
			LTI RTI	0.5 ml			08/06/21
	165 HPV9	Gardasil 9	LAI RAI	0.5 ml			08/06/21
			LTI RTI	0.5 ml			08/06/21
	10 IPV Polio	IPOL	LAI RAI	0.5 ml			01/31/25
			LTI RTI	0.5 ml			01/31/25
	203 Meningococcal ACWY	MenquadFi	LAI RAI	0.5 ml			01/31/25
			LTI RTI	0.5 ml			01/31/25
	03 MMR	MMR II	LAS RAS	0.5 ml			01/31/25
	94 MMRV	ProQuad	LTS RTS	0.5 ml			01/31/25
	216 PCV 20	Prevnar 20	LAI RAI	0.5 ml			05/29/25
	33 PPSV23	PneumoVax 23	LTI RTI	0.5 ml			05/29/25
	116 Rotavirus	Rotarix/RotaTeg	Oral	1.0 ml			10/15/21
	21 Varicella	Varivax	LAS RAS	0.5 ml			01/31/25
			LTS RTS	0.5 ml			01/31/25
	311 COVID (6mo-11y)	Moderna	LAI RAI	0.5 ml			01/31/25
	312 COVID (12y+)	Moderna Spikevax	LTI RTI	0.5 ml			01/31/25
	313 COVID (12y+)	Novavax	LTI RTI	0.5 ml			01/31/25

Staff ID: \_\_\_\_\_

Date: \_\_\_\_\_

☐ Entered in DrCloud

☐ Uploaded to DrCloud