

## IMMUNIZATION AND SENSITIVITY RECORD

Vaccine	Date of Signature	Vaccine Information Statement Publication Date	Age at Vaccination	Manufacturer	Lot No.	Expiration Date	Vaccination Site	Signature and Title of Provider
<b>DTaP, DTP or DT -- under 7 years (Circle type)</b>								
#1 DTaP DTP DT								
#2 DTaP DTP DT								
#3 DTaP DTP DT								
#4 DTaP DTP DT								
#5 DTaP DTP DT								
<b>Td -- 7 years and older</b>								
Td								
Td								
Td								
Td								
<b>TOPV IPV -- under 18 years (Circle type)</b>								
#1 TOPV IPV								
#2 TOPV IPV								
#3 TOPV IPV								
#4 TOPV IPV								
#5 TOPV IPV								
<b>Hib Conjugate -- under 5 years (Indicate type: PED = Pedvax, HIBT = Hibtiter, Pro = Prohibit, Act = ACTHib)</b>								
#1								
#2								
#3								
#4								
<b>MMR -- 12 months and older (under 12 months in special circumstances)</b>								
#1 MMR								
#2 MMR								
<b>Varicella -- 12 months and older</b>								
#1 Varicella								
#2 Varicella								
<b>HEPATITIS A -- 2 years and older</b>								
#1 hepatitis A								
#2 hepatitis A								
#3 hepatitis A								

**PATIENT IDENTIFICATION**

IHS/Tribal Facility Address

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**HEPATITIS B -- HBIG**

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**HEPATITIS B (includes dose)**

#1 hepatitis B								
#2 hepatitis B								
#3 hepatitis B								
hepatitis B								

**INFLUENZA**


**PNEUMOCOCCAL**


**OTHERS**


Date Given	Signature of Provider	Date Read	Results	Signature of Provider	Date Given	Signature of Provider	Date Read	Results	Signature of Provider
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**TUBERCULIN TEST**

			mm					mm	
			mm					mm	
			mm					mm	
			mm					mm	

**OTHER SENSITIVITY TEST (Cocci, etc.)**


## INSTRUCTIONS FOR IMMUNIZATION AND SENSITIVITY RECORD---IHS-216

ALL PROVIDERS OF VACCINE ARE REQUIRED TO FULLY DOCUMENT ADMINISTRATION OF VACCINES AND CERTAIN SENSITIVITY TESTS ACCORDING TO THE FOLLOWING GUIDELINES:

In most instances the appropriate identifying information for the person to be vaccinated (vaccinee) will be included on the addressograph card used at most IHS and tribal facilities. If the card is not used, or if it is not complete, the provider must ensure that the following information is entered on the lower left-hand side of the form the "Immunization and Sensitivity Record": Name (last name first), Date of Birth, Address, Parent, Guardian (if applicable), Health Record Number.

In addition, the name and address of the facility at which the vaccines are administered should be recorded at the lower right hand portion on the front of the "Immunization and Sensitivity Record."

Minimum documentation of vaccines administered elsewhere should include date of administration (month, day [if available], year), vaccine type, and the facility at which the vaccination was given.

### PROCEDURES TO BE OBSERVED FOR EACH IMMUNIZATION

1. Review immunization record of potential vaccinee to determine immunizations needed.
2. Provide potential vaccine recipient, parent or guardian with the "Important Information" form, or other informational material required to be used with receipt of vaccines, for each vaccine needed, each time it is administered. Allow sufficient time for her/him to read each information form. Ask the person who will sign under "Signature of Person to Receive Vaccine or Person Authorized to Make Request" if she/he understands the information and has any questions.

After the vaccinee, parent or guardian has read the Vaccine Information Pamphlet or Important Information Statement and has an opportunity to ask questions about the vaccine(s) to be administered, she/he must read the statement at the top of the "Immunization and Sensitivity Record." In instances where the vaccinee, parent or guardian cannot read, someone must read, and translate if necessary the informational material and the statement at the top of the "Immunization and Sensitivity Record" for that individual.

3. *Signature Date, Signature of Person to Receive Vaccine or Person Authorized To Make Request, Age of Vaccination:* The vaccinee, if of legal age, or parent or guardian must sign in writing on the "Immunization and Sensitivity Record" for each vaccine *before* the vaccine is administered. In instances where more than one vaccine is given, that person must sign for each vaccine given (e.g., TOPV, DTP, MMR).

The signature date of the vaccinee, parent or guardian must also be given, as well as the *age* of the vaccinee at the time of the administration of the vaccine(s). For children under two years of age, the age should be given in *months*. For children two years of age or older, the age can be given in years and fractions of years (e.g. 2-1/2 years).

4. *Vaccination Date and Vaccination Site:* The person administering the vaccine will enter the date that the vaccination is given and the site: RA = right arm, LA = left arm, RA = right anterior thigh, LAT = left anterior thigh.
5. *Manufacturer and Lot Number:* Enter the manufacturer and lot number of each vaccine administered. Abbreviations should be used to denote manufacturers (e.g., WYE = Wyeth, MSD = Merck Sharp & Dohme, LED = Lederle, CON = Connaught). Lot numbers should be entered as they appear on each vial of vaccine.
6. *Form Number and Date:* The person obtaining the signature will enter vaccine I.D. letters and date found on the informational material signed by the vaccinee, parent or guardian to identify that form as the current material (e.g. MMR 6/15/90).
7. *Signature and Title of Provider:* The provider who administered the vaccine will write her/his name and title in this space.

### DOCUMENT TUBERCULIN AND OTHER SENSITIVITY TESTING

1. *Tuberculin Test:* The signature of the provider is required when the test is administered and at the time it is read. Results should be recorded in millimeters (e.g., 10 mm, or 0 mm).
2. *Other Sensitivity Tests:* The signature of the provider is required when the test is administered and when it is read.