

Colorado Vaccine Administration Record Sheet/CDPHE Approved Colorado Certificate of Immunization — For Children and Teens —

Clinic Name/Address: _____ _____ _____	Patient Name _____ DOB _____ Parent Name _____ Address _____ City _____ Zip Code _____ Phone Number _____
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Vaccine	Vaccine Administered			Code VFC Eligibility ³ (Every Visit)	Vaccine		Vaccine Information Statements		Vaccine Administrator Signature/Title
	Type of Vaccine ¹	Date mm/dd/yy	Site ²		Mfr.	Lot #	Date on VIS	Date VIS Provided	
Hepatitis B (e.g., HepB, HepB-Hib, DTaP-HepB-IPV, HepA-HepB)									
Diphtheria, Tetanus, Pertussis (e.g., DTaP, DT, DTaP-Hib, DTaP-HepB-IPV, Td, Tdap)									
Haemophilus influenzae type b (e.g., Hib, Hib-HepB, DTaP-Hib)									
Polio (e.g., IPV, DTaP-HepB-IPV)									
Pneumococcal (e.g., PCV7 or PCV13 conjugate; PPV23, polysaccharide)									
Measles, Mumps, Rubella (MMR, MMRV)									
Varicella (Var, MMRV)									
<input type="checkbox"/> Check this box if this child has a physician-certified reliable history of chickenpox. Date checked ____/____/____. A reliable history of chickenpox is defined as: 1) physician interpretation of parent/guardian description of chickenpox; 2) physician diagnosis of chickenpox; or 3) laboratory proof of immunity.									
Human Papillomavirus (e.g., HPV)									
Rotavirus (e.g., Rota)									
Meningococcal (e.g., MCV4, conjugate; MPSV4, polysaccharide)									
Hepatitis A (e.g., HepA, HepA-HepB)									
Influenza (e.g., TIV, LAIV)									

¹Record the generic abbreviation for the **type of vaccine** given (e.g. DTaP), not the trade name. For combination vaccines, fill in a row for each separate antigen in the combination.
²**Site:** RA = Right Arm; LA = Left Arm; RT = Right Thigh; LT = Left Thigh; PO = By Mouth
³**Record VFC screening at every visit using the following codes:** VFM=VFC Medicaid; VFN=VFC No Insurance; VFA=VFC Alaskan Native American Indian; VFI=VFC Under-Insured (to be used only by FQHCs and RHCs); NE=Not VFC Eligible

