

Colorado Vaccine Administration Record Sheet/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 <small>(Every Visit)</small>	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 <small>(e.g., HepB, HepB-Hib, DTaP-HepB-IPV, HepA-HepB)</small>									
Diphtheria, Tetanus, Pertussis <small>(e.g., DTaP, DT, DTaP-Hib, DTaP-HepB-IPV, Td, Tdap)</small>									
Haemophilus influenzae type b <small>(e.g., Hib, Hib-HepB, DTaP-Hib)</small>									
Polio <small>(e.g., IPV, DTaP-HepB-IPV)</small>									
Pneumococcal <small>(e.g., PCV7 conjugate; PPV23, polysaccharide)</small>									
Measles, Mumps, Rubella <small>(MMR, MMRV)</small>									
Varicella <small>(Var, MMRV)</small>									
<input type="checkbox"/> Check this box if this child has a physician-certified reliable history of chickenpox. Date box 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 <small>(e.g., HPV)</small>									
Rotavirus <small>(e.g., Rota)</small>									
Meningococcal <small>(e.g., MCV4, conjugate; MPSV4, polysaccharide)</small>									
Hepatitis A <small>(e.g., HepA, HepA-HepB)</small>									
Influenza <small>(e.g., TIV, LAIV)</small>									

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

