

VACCINE ADMINISTRATION RECORD

Patient Name _____ Date of Birth _____

NDIIS Provider Number 46

Revised 10/14/2022

Foster County Public Health
881 Main Street, Carrington, ND 58421
701) 652-3087

Date/Time Vaccine Administered: Patient did not wait 15 minutes

X	Vaccine(s) To Be Given	VIS Date	Manu- factur er	Lot Number	Route	Administration Site	Nurse Signature
	Medicare HD private 0.7ML	08/06/21	SFP		IM	R Upper Arm L Lower Thigh	
	Fluzone (MDV) Private 0.5ML	08/06/21	SFP		IM	R Upper Arm L Lower Thigh	
	Fluzone-PFS Private 0.5ML	08/06/21	SFP		IM	R Upper Arm L Lower Thigh	
	Flucelvax-PFS VFC 0.5ML	08/06/21	Seqirus		IM	R Upper Arm L Lower Thigh	
	Flucelvax-PFS 317 0.5ML ADULT 19+	08/06/21	Seqirus		IM	R Upper Arm L Lower Thigh	
	Fluzone (MDV) VFC 0.5ML	08/06/21	SFP		IM	R Upper Arm L Lower Thigh	
	Medicare 65+ Fluzone MDV 0.5ML	08/06/21	SFP		IM	R Upper Arm L Lower Thigh	

Date/Time Vaccine Administered: Patient did not wait 15 minutes

X	Vaccine(s) To Be Given	VIS Date	Manu- factur er	Lot Number	Route	Administration Site	Nurse Signature
					IM	R Upper Arm L Lower Thigh	
	Fluzone (MDV) Private 0.5ML	08/06/21	SFP		IM	R Upper Arm L Lower Thigh	
	Fluzone-PFS Private 0.5ML	08/06/21	SFP		IM	R Upper Arm L Lower Thigh	
	Flucelvax-PFS VFC 0.5ML	08/06/21	Seqirus		IM	R Upper Arm L Lower Thigh	
	Fluzone (MDV) VFC 0.25ML 0.5ML	08/06/21	SFP		IM	R Upper Arm L Lower Thigh	

1. Route: IM = Intramuscular, SQ = Subcutaneous, IN = Intranasal, PO = Oral
2. Manufacturer: SFP = Sanofi Pasteur, GSK = GlaxoSmithKline, MSD = Merck & Co., WAL = Wyeth, MB=Mass Biologics
3. Site Vaccine Given: R = Right, L = Left
4. Presentation: PFS=Prefilled Syringe, MDV=Multidose vial
5. Origin: VFC=Vaccine for children, 317=Uninsured & Underinsured adults
6. Exemption or Contraindication: MED = Medical, REL = Religious, PBE = Philosophical/ Moral, HD = History of Disease (See Refusal to Vaccinate Form)

REV: 10/14/2022