

HEPATITIS A – Dose #1 – Date: ___ / ___ / _____

Vaqta/Merck Lot# _____ Exp: ___ / ___ Dose: 1 ml
Route: IM Side: Right Left Site: Deltoid Initials: _____

HEPATITIS A – Dose #2 Date: ___ / ___ / _____

Vaqta/Merck Lot# _____ Exp: ___ / ___ Dose: 1 ml
Route: IM Side: Right Left Site: Deltoid Initials: _____

TYPHOID – ORAL – Date: ___ / ___ / _____

Vivotiff/Berna Lot# _____ Exp: ___ / ___ Dose: 4 pills
Route: Oral Side: N/A Site: N/A Initials: _____

TETANUS/DIPHTHERIA – Date: ___ / ___ / _____

Td/Aventis Lot# _____ Exp: ___ / ___ Dose: 0.5 ml
Route: IM Side: Right Left Site: Deltoid Initials: _____

POLIO – Date: ___ / ___ / _____

IPOL/Aventis Lot# _____ Exp: ___ / ___ Dose: 0.5 ml
Route: IM SQ Side: Right Left Site: Deltoid Initials: _____

YELLOW FEVER – Date: ___ / ___ / _____

YF Vax/Aventis Lot# _____ Exp: ___ / ___ Dose: 0.5 ml
Diluent Lot# _____ Exp: ___ / ___
Route: SQ Side: Right Left Site: Arm Initials: _____

TYPHOID – INJECTABLE – Date: ___ / ___ / _____

Typhim V/Aventis Lot# _____ Exp: ___ / ___ Dose: 0.5 ml
Route: IM Side: Right Left Site: Deltoid Initials: _____

MENINGOCOCCAL VACCINE – Date: ___ / ___ / _____ - Choose Menactra OR Menomune – *NOT BOTH !*

Menactra/Aventis Lot# _____ Exp: ___ / ___ Dose: 0.5 ml
Route: IM Side: Right Left Site: Deltoid Initials: _____

Menomune/Aventis Lot# _____ Exp: ___ / ___ Dose: 0.5 ml
Route: SQ Side: Right Left Site: Arm Initials: _____
Diluent Lot# _____ Exp: ___ / _____

HEPATITIS B – Dose #1 – Date: ___ / ___ / ___

Recombivax/Merck Lot# _____ Lot# _____ Exp: ___ / ___ Dose: 1 ml
Route: IM Side: Right Left Site: Deltoid Initials: _____

HEPATITIS B – Dose #2 – Date: ___ / ___ / ___

Recombivax/Merck Lot# _____ Lot# _____ Exp: ___ / ___ Dose: 1 ml
Route: IM Side: Right Left Site: Deltoid Initials: _____

HEPATITIS B – Dose #3 – Date: ___ / ___ / ___

Recombivax/Merck Lot# _____ Lot# _____ Exp: ___ / ___ Dose: 1 ml
Route: IM Side: Right Left Site: Deltoid Initials: _____

RABIES – Dose #1 – Date: ___ / ___ / ___

Rabavert/Chiron Lot# _____ Exp: ___ / ___ Dose: 1 ml
Route: IM Side: Right Left Site: Deltoid Initials: _____

RABIES – Dose #2 – Date: ___ / ___ / ___

Rabavert/Chiron Lot# _____ Exp: ___ / ___ Dose: 1 ml
Route: IM Side: Right Left Site: Deltoid Initials: _____

RABIES – Dose #3 – Date: ___ / ___ / ___

Rabavert/Chiron Lot# _____ Exp: ___ / ___ Dose: 1 ml
Route: IM Side: Right Left Site: Deltoid Initials: _____

JAPANESE ENCEPHALITIS – Dose#1 – Date: ___ / ___ / ___

JE Vax/Aventis Lot# _____ Exp: ___ / ___ Dose: 1 ml
Diluent Lot# _____ Exp: ___ / ___
Route: SQ Side: Right Left Site: Arm Initials: _____

JAPANESE ENCEPHALITIS – Dose#2 – Date: ___ / ___ / ___

JE Vax/Aventis Lot# _____ Exp: ___ / ___ Dose: 1 ml
Diluent Lot# _____ Exp: ___ / ___
Route: SQ Side: Right Left Site: Arm Initials: _____

JAPANESE ENCEPHALITIS – Dose#3 – Date: ___ / ___ / ___

JE Vax/Aventis Lot# _____ Exp: ___ / ___ Dose: 1 ml
Diluent Lot# _____ Exp: ___ / ___
Route: SQ Side: Right Left Site: Arm Initials: _____

Initials _____ Signature _____

