

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

<b>Clinic Name/Address:</b> _____ _____ _____	<b>Patient Name</b> _____ <b>DOB</b> _____ <b>Parent Name</b> _____ <b>Address</b> _____ <b>City</b> _____ <b>Zip Code</b> _____ <b>Phone Number</b> _____
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Vaccine	Vaccine Administered			Code VFC Eligibility <sup>3</sup> (Every Visit)	Vaccine		Vaccine Information Statements		Vaccine Administrator Signature/Title
	Type of Vaccine <sup>1</sup>	Date mm/dd/yy	Site <sup>2</sup>		Mfr.	Lot #	Date on VIS	Date VIS Provided	
<b>Hepatitis B</b> (e.g., HepB, HepB-Hib, DTaP-HepB-IPV, HepA-HepB)									
<b>Diphtheria, Tetanus, Pertussis</b> (e.g., DTaP, DT, DTaP-Hib, DTaP-HepB-IPV, Td, Tdap)									
<b>Haemophilus influenzae type b</b> (e.g., Hib, Hib-HepB, DTaP-Hib)									
<b>Polio</b> (e.g., IPV, DTaP-HepB-IPV)									
<b>Pneumococcal</b> (e.g., PCV7 or PCV13 conjugate; PPV23, polysaccharide)									
<b>Measles, Mumps, Rubella</b> (MMR, MMRV)									
<b>Varicella</b> (Var, MMRV)									
<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.									
<b>Human Papillomavirus</b> (e.g., HPV)									
<b>Rotavirus</b> (e.g., Rota)									
<b>Meningococcal</b> (e.g., MCV4, conjugate; MPSV4, polysaccharide)									
<b>Hepatitis A</b> (e.g., HepA, HepA-HepB)									
<b>Influenza</b> (e.g., TIV, LAIV)									

<sup>1</sup>Record 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.  
<sup>2</sup>**Site:** RA = Right Arm; LA = Left Arm; RT = Right Thigh; LT = Left Thigh; PO = By Mouth  
<sup>3</sup>**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

