1. **Last Name** **First Name** **MI**

2. **Patient Number** | | | | | | | | -- | H

3. **Date of Birth** Month Day Year

4. **Race** ☐ 1. White ☐ 2. Black/African American
☐ 3. American Indian/Alaska Native ☐ 4. Asian
☐ 5. Native Hawaiian/Other Pacific Islander ☐ 6. Other
Ethnicity: Hispanic/Latino Origin? ☐ Yes
☐ No

5. **Gender** ☐ 1. Male ☐ 2. Female

6. **County of Residence**

NC Department of Health and Human Services
Public Health Nursing & Professional Development

IMMUNIZATION / SKIN TEST FLOW SHEET

Allergies/Comments:

IMMUNIZATIONS

Before administering any vaccines, give the patient copies of all pertinent Vaccine Information Statements (VISs) and make sure he/she understands the risks and benefits of the vaccine(s). Update the patient's personal record card or provide a new one whenever you administer vaccine.

Vaccine	Date given (mo/day/yr)	Route	Site given (RA, LA)	Vaccine		Exp Date	Contra Indication	Consent signature	Signature/ Initials of vaccinator	Date on VIS[1]
				Lot #	Mfr.					
DTaP/DTP/DT #1		IM								
DTaP/DTP/DT #2		IM								
DTaP/DTP/DT #3		IM								
DTaP/DTP/DT #4		IM								
DTaP/DTP/DT #5		IM								
Hib #1		IM								
Hib #2		IM								
Hib #3		IM								
Hib #4		IM								
IPV/OPV #1		IM•SC•O								
IPV/OPV #2		IM•SC•O								
IPV/OPV #3		IM•SC•O								
IPV/OPV #4		IM•SC•O								
Hep A #1[2]		IM								
Hep A# 2[2]		IM								
Hep B #1[2]		IM								
Hep B #2[2]		IM								
Hep B #3[2]		IM								
Heb B #4		IM								
HBIG		IM								
MMR/MR #1		SC								
MMR/MR #2		SC								
Varicella		SC								
Varicella		SC								

[1] Record the publication date of each VIS given to the patient. According to federal law, VISs must be given to patients before administering each dose of vaccine covered by the Vaccine Injury Compensation Act.
[2] For combination vaccines, fill in the row for each individual antigen composing the combination.

Patient Name, #, or DOB
or
Attach Patient Label Here

Before administering any vaccines, give the patient copies of all pertinent Vaccine Information Statements (VISs) and make sure he/she understands the risks and benefits of the vaccine(s). Update the patient's personal record card or provide a new one whenever you administer vaccine.

Vaccine	Date given (mo/day/yr)	Route	Site given (RA, LA)	Vaccine		Exp Date	Contra Indication	Consent signature	Signature/ Initials of vaccinator	Date on VIS[1]
				Lot #	Mfr.					
PCV7 #1		IM								
PCV7 #2		IM								
PCV7 #3		IM								
PCV7 #4		IM								
Td (adult)		IM								
Td (adult)		IM								
Td (adult)		IM								
Td (adult)		IM								
Pneumococcal		IM•SC								
Pneumococcal		IM•SC								
Influenza		IM								
Influenza		IM								
Influenza		IM								
Influenza		IM								
Influenza		IM								
Influenza		IM								

SKIN TEST

Type	Time & date given (mo/day/yr)	Site given	Manufacturer & Lot Number	Consent signature	Provider's Signature	Time & date read results	mm reading	Test Reader's Signature

[1] Record the publication date of each VIS given to the patient. According to federal law, VISs must be given to patients before administering each dose of vaccine covered by the Vaccine Injury Compensation Act.
[2] For combination vaccines, fill in the row for each individual antigen composing the combination.

IMMUNIZATION / SKIN TEST FLOW SHEET (DHHS 2817)

1-6 NAME, NUMBER, ETC.	In the blank space in the top left on the front, attach the computer-generated label or emboss the information imprinted on the patient's plastic identification card. When a plastic card is not available, manually record the patient's name (last name, first name, and middle initial), identification number, date of birth (MM-DD-YY), race, ethnicity, gender, and county of residence.
ALLERGIES / COMMENTS	Include any and all information of relevance that will be helpful on subsequent visits; i.e., a severe reaction to prior vaccine doses or skin tests.

IMMUNIZATIONS:

DTaP/DTP/DT #1-#5	Diphtheria-Tetanus-Acellular Pertusis/Diphtheria-Tetanus-Pertusis/Diphtheria-Tetanus (pediatric): Circle the appropriate vaccine administered on the correct dose number line.
Hib #1-#4	Haemophilus Influenzae Type-b vaccine: A vaccine administered during infancy.
IPV/OPV #1-#4	Injectable Polio Vaccine/Oral Polio Vaccine: Circle the appropriate vaccine administered on the correct dose number line.
Hep A #1-#2	Hepatitis A Vaccine
Hep B #1-#3	Hepatitis B Vaccine
HBIG	Hepatitis B immune globulin (HBIG) given to infants born to hepatitis B positive women.
MMR/MR #1	Measles, Mumps, Rubella/Measles-Rubella vaccine: Generally represents the primary dose administered on or after 12 months of age and before 16 months of age.
MMR/MR #2	Measles, Mumps, Rubella/Measles-Rubella vaccine: Second dose of MMR/MR is required for students enrolling in school (K-1) for the first time. Students 17 years of age and younger entering a North Carolina college/university, or students born in 1957 or later and 18 years of age or older entering a North Carolina college/university on or after July 1, 1994, are required to receive a second MMR/MR.

VARICELLA	Varicella or Chickenpox vaccine: A recommended vaccine administered to susceptible children any time after 12 months of age. Unvaccinated children who lack a reliable history of Chickenpox should be vaccinated at the 11-12 year-old visit. Youth 13 years of age and older and adults who lack a reliable history of Chickenpox should receive two doses one or more months apart.
PCV7 #1-#4	Pneumococcal Conjugate Vaccine: A vaccine administered during infancy.
Td (Adult)	Tetanus-diphtheria Toxoid – Adult vaccine: Administered at age 7 years or above.
PNEUMOCOCCAL	Pneumococcal vaccine: A trivalent vaccine administered usually only once to adults age 65 and older and certain high risk clientele.
INFLUENZA	Influenza vaccine: Produced annually. Recommended for adults age 50years and older, children 6-23 months, and persons ≥ 6 months with certain high risk factors.
DATE GIVEN	Record completed date (MM-DD-YY) for each vaccine(s) administered. A current Vaccine Information Statement (VIS) is required to be given to the client for each vaccine prior to administration.
LOT NUMBER and MANUFACTURER	Record vaccine lot number and manufacturer's name.
EXPIRATION DATE	Record Expiration date of vaccine.
CONTRAINDICATION	A contraindication code to a vaccine must be recorded if a vaccine that was due or opasst due on the visit date was not administered. Refer to the attached Immunization Registry ist of 30 contraindication codes.
CONSENT SIGNATURE	Signature of parent, guardian, person standing *in loco parentis*, or individual giving consent to receive the vaccine(s).
SIGNATURE/ INITIALS OF VACCINATOR	Signature or initials of health professional who administered the vaccine(s), as space permits.
DATE ON VIS	Record date found on the VIS for each vaccine administered.

SKIN TESTS:

TYPE	Record type of skin test given; i.e., Mantoux, Monovac
TIME & DATE GIVEN	Record complete date (MM-DD-YY) the test is administered.
SITE GIVEN	Record the exact location the test is administered (e.g., flexor, left forearm).
MANUFACTURER & LOT NUMBER	Record manufacturer's name and vaccine lot number
CONSENT SIGNATURE	Signature of person giving consent to have the test.
PROVIDER'S SIGNATURE	Signature of professional who administered the test.
TIME & DATE READ RESULTS	Record complete date (MM-DD-YY) skin test is read.
mm READING	Record results of skin test reading in mm (e.g., 0 mm, 16mm).
TEST READER'S SIGNATURE	Signature of professional who read the test.