

**McLaren Print System Order**

Order No: 51684 Reprint Previous Order No: 5592  
 Order Date: 2020-01-14  
 User: Michele Lubick  
 Phone: 586-263-0320

Ship Location: McLaren Macomb Family Medicine-Michele  
 16700 21 Mile Rd., Suite 101  
 Macomb, MI 48044

**Forms**

Quantity: 100  
 Paragon Dept No: 71600  
 Dept Name: McLaren Macomb Family Medicine  
 Company Number: 810

Order Total Price: 0.00

Item Number: MM-157  
 Item Description: Vaccine Administration Record (Adults)  
 Revision Date: 7/2011  
 Print: 2 sided black and white  
 Paper: 20# White Text  
 Size: 8.5 x 11  
 Fold:  
 Finish: None  
 Drill: None  
 Misc Info:

McLaren Medical Group  
 VACCINE ADMINISTRATION RECORD (FOR ADULTS) (F0)

| Vaccine                            | Date Administered & Vaccine Administration Statement Number | Date on Vaccine Information Statement (VIS) | Vaccine lot | Vaccine Lot Number | Expiration Date | Site Used | Preced | Signature of Vaccine Administrator | Client Initials |
|------------------------------------|---|---|-------------|--------------------|-----------------|-----------|--------|------------------------------------|-----------------|
| Tetanus and Diphtheria Type: TD    |   |   |             |                    |                 |           |        |                                    |                 |
| Hepatitis A (Type: HA)             |   |   |             |                    |                 |           |        |                                    |                 |
| Hepatitis B (Type: HB)             |   |   |             |                    |                 |           |        |                                    |                 |
| Measles, Mumps, Rubella (Type: MM) |   |   |             |                    |                 |           |        |                                    |                 |
| Varicella (Type: V)                |   |   |             |                    |                 |           |        |                                    |                 |
| Polio (Type: P)                    |   |   |             |                    |                 |           |        |                                    |                 |
| Proteinaceous (Type: P)            |   |   |             |                    |                 |           |        |                                    |                 |
| Monovalent (Type: M)               |   |   |             |                    |                 |           |        |                                    |                 |
| Other (Type: O)                    |   |   |             |                    |                 |           |        |                                    |                 |

\* Place an asterisk (\*) next to the date the vaccine was given to indicate vaccine administration dates.

|  |  |
|--|--|
| VIS Code<br>01 = 1st dose<br>02 = 2nd dose<br>03 = 3rd dose<br>04 = 4th dose | VIS Code<br>05 = 1st dose<br>06 = 2nd dose<br>07 = 3rd dose<br>08 = 4th dose |
|--|--|

\* Check Status W = Worked, U = Unworked, D = Underdosed, R = Referred/Refer to another facility, and P = Provider/Source

Printed: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

VACCINE ADMINISTRATION RECORD (FOR ADULTS) (F0)

Personnel: \_\_\_\_\_

Site/Room: \_\_\_\_\_

Phone: \_\_\_\_\_