McLaren Business Products

McLaren Print System Order

Order No: 58439 Reprint Previous Order No: 5592
Order Date: 2020-11-17
User: Michelle Gillis
Phone: 9894662877

Ship Location: McLaren Heart Center
5115 E. Pickard Street
Mt. Pleasant, MI 48858
Forms
Quantity: 100
Paragon Dept No: 50646
Dept Name: Pickard Street Primary Care
Company Number: 810

Order Total Price: 0.00

Item Number: MM-157
Item Description: Vaccine Administration Record (Adults)
Revision Date: 9/2013
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

Patient Name: _____

Date of Birth: _____

MOR ID #: _____

Clinic Name/Address

Vaccine	Date Vaccine & Vaccine Info Entered (YS) Given	Type of Vaccine	Date in YS	Vaccine Start	Vaccine Lot Number	Site Given*	Route*	Signature of Vaccine Administrator	Client Status*
Diphtheria/Tetanus/Pertussis Td Tdap									
Hepatitis B HepB HepB/HepB									
Measles, Mumps, Rubella MMR									
Varicella Var									
Influenza IIV3 (IM) IIV4 (IM) IIV3 High Dose (IM) IIV3 (Intradermal) LAIV4 (Intranasal) aIIV3 (IM) RIV3 (IM) Other species or name									
Pneumococcal PPSV23 PCV13									
Hepatitis A HepA HepA/HepA									
Meningococcal MCV4 MPSV4									
Human Papillomavirus HPV4 HPV2									
Zoster HZV									
Other									
Other									
Other									

* Place an asterisk (*) next to the date the vaccine was given to indicate vaccines administered elsewhere
* Site Code: LdArt LAMM, RdArt RAMM, LuArt LUG, RuArt RUG, and Nasal
* Route Code: IM=Intramuscular, SC=subcutaneous, ID=Intradermal, and IN=Intranasal
* Client Status: (Using publicly funded vaccines) V=VFC VFC (includes uninsured/underinsured) L=Other Public Purchase (Using privately purchased vaccines) R=Medicare/Adult Non VFC, P=Private Insurance (includes Medicare)

September 9, 2013

MM-157 (9-13)