

## Vaccine Administration Record

Patient Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Provider Name & Address:

LOCKMAN & LUBELL PEDIATRIC ASSOCIATES  
 270 COMMERCE DRIVE  
 SUITE 250  
 FORT WASHINGTON PA 19034

Vaccine	Date Administered	Vaccine Manufacturer	Vaccine Lot Number	Initials	Site	Expiration Date
DTaP 1						
DTaP 2						
DTaP 3						
DTaP 4						
DTaP 5						
IPV 1						
IPV 2						
IPV 3						
IPV 4						
HIB 1						
HIB 2						
HIB 3						
HIB 4						
PCV 1						
PCV 2						
PCV 3						
PCV 4						
Pneumovax						
MMR 1						
MMR 2						
VAR 1						
VAR 2						

History of Disease: \_\_\_\_\_ (date)

Hepatitis B 1						
Hepatitis B 2						
Hepatitis B 3						
Tdap						
Tdap booster						
MCV4						
MCV4 booster						
Hepatitis A 1						
Hepatitis A 2						
Rotavirus 1						
Rotavirus 2						
Rotavirus 3						
HPV 1						
HPV 2						
HPV 3						
Influenza 1						
Influenza 2						

