

Colorado Immunization Manual

SECTION 3

Vaccine Accountability and Documentation Requirements



Colorado Immunization Manual

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SECTION 3

Vaccine Accountability and Documentation Requirements

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Instructions for the Use of Vaccine Information Statements

Required Use

1. Provide Vaccine Information Statement (VIS) when vaccination is given.

As required under the National Childhood Vaccine Injury Act (42 U.S.C. §300aa-26), all health care providers in the United States who administer, to any child or adult, diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, hepatitis A, hepatitis B, *Haemophilus influenzae* type b (Hib), trivalent influenza, pneumococcal conjugate, meningococcal, rotavirus, human papillomavirus (HPV), or varicella (chickenpox) vaccines shall, prior to administration of each dose of the vaccine, provide a copy to keep of the relevant current edition vaccine information materials that have been produced by the Centers for Disease Control and Prevention (CDC):

- to the parent or legal representative* of any child to whom the provider intends to administer such vaccine, and
- to any adult to whom the provider intends to administer such vaccine. (In the case of an incompetent adult, relevant VISs shall be provided to the individual's legal representative.* If the incompetent adult is living in a long-term care facility, all relevant VISs may be provided at the time of admission, or at the time of consent if later than admission, rather than prior to each immunization.)

If there is not a single VIS for a combination vaccine, use the VISs for all component vaccines.

The materials shall be supplemented with visual presentations or oral explanations, as appropriate.

*"Legal representative" is defined as a parent or other individual who is qualified under State law to consent to the immunization of a minor child or incompetent adult.

2. Record information for each VIS provided.

Health care providers shall make a notation in each patient's permanent medical record at the time vaccine information materials are provided, indicating:

- (1) the edition date of the Vaccine Information Statement distributed, and
- (2) the date the VIS was provided.

This recordkeeping requirement supplements the requirement of 42 U.S.C. §300aa-25 that all health care providers administering these vaccines must record in the patient's permanent medical record (or in a permanent office log):

- (3) the name, address and title of the individual who administers the vaccine, and
- (4) the date of administration, and
- (5) the vaccine manufacturer and lot number of the vaccine used.

Applicability of State Law

Health care providers should consult their legal counsel to determine additional State requirements pertaining to immunization. The Federal requirement to provide the vaccine information materials supplements any applicable State laws.

Availability of Copies

Single camera-ready copies of the vaccine information materials are available from State health departments. Copies are also available on CDC's website at www.cdc.gov/vaccines/pubs/vis.

Copies are available in English and in other languages.



Reference 42 U.S.C. §300aa-26
12/9/08

Current VIS Editions

Diphtheria, Tetanus, Pertussis (DTaP/DT): 5/17/07
Haemophilus influenzae type b: 12/16/98
Hepatitis A: 3/21/06
Hepatitis B: 7/18/07
Human Papillomavirus (HPV): 2/2/07
Inactivated Influenza: 7/24/08
Live, Intranasal Influenza: 7/24/08
Measles, Mumps, Rubella (MMR): 3/13/08
Meningococcal: 1/28/08
Pneumococcal conjugate: 12/9/08
Polio: 1/1/00
Rotavirus: 8/28/08
Tetanus, Diphtheria, (Pertussis) (Td/Tdap): 11/18/08
Varicella (chickenpox): 3/13/08
Multi-Vaccine*: 9/18/08

* This VIS is as an optional alternative when two or more routine childhood vaccines (i.e., DTaP, hepatitis B, Hib, pneumococcal, polio, or rotavirus) are administered at the same visit.

VACCINE INFORMATION STATEMENTS— WHAT YOU NEED TO KNOW

(adapted from CDC materials)

By Federal law, all vaccine providers should provide patients with the appropriate Vaccine Information Statement (VIS) whenever a vaccine is given.

This booklet contains guidelines for using Vaccine Information Statements, frequently asked questions, and camera-ready copies of all currently available VISs.

VIS BASICS

WHAT is a Vaccine Information Statement?

A Vaccine Information Statement (VIS) is a one-page (two-sided) information sheet, produced by CDC, informing vaccine recipients—or their parents or legal representatives—of the benefits and risks of a vaccine. The law requires them to be given out whenever certain vaccinations are given.

WHO must give out VISs?

All providers of vaccines, both public and private sector.

WHY must VISs be used?

*It is a requirement of the **National Childhood Vaccine Injury Act** of 1986. Their purpose is to inform vaccine recipients, or parents of children getting vaccines, about the benefits and risks of vaccines.*

WHEN must VISs be given out?

They must be given out at the time of each vaccination—prior to administration of the vaccine.

Which VISs must I use?

A VIS must be provided for any vaccine that is covered by the Vaccine Injury Compensation Program (i.e., appears on the Vaccine Injury Table). As of November, 2008, VISs that must be used are: DTaP, Td/Tdap, MMR, Polio, Hepatitis A, Hepatitis B, Hib, HPV, Meningococcal, Rotavirus, Varicella, Influenza, and Pneumococcal Conjugate.

Other VISs that are available are Pneumococcal Polysaccharide, Rabies, Shingles, Yellow Fever, Typhoid, Japanese Encephalitis, Anthrax, and Smallpox. Their use is not required by the National Childhood Vaccine Injury Act, but is strongly encouraged—and they must be used when giving vaccines purchased through a CDC contract.

VIS DETAILS

1. PROVIDER RESPONSIBILITIES:

Providers Should

- Give the appropriate VIS to the recipient or to the recipient's parent or legal representative with each dose of vaccine. A VIS must be given out *prior* to administration of the vaccine, and it must be given out *each time* the vaccine is given.
- Record the following information in the patient's permanent medical record:
 - Which VIS was given.
 - Date of publication of the VIS.
 - Date the VIS was given.and record the following information in either the patient's permanent medical record or in a permanent office log (the record should be both *permanent* and *accessible*):
 - The name, address, and title of the person who administered the vaccine.
 - The date of administration.
 - The vaccine manufacturer.
 - The vaccine lot number.
- As needed, supplement VISs orally, with videotapes, with additional printed material, or in any other way that will help recipients understand the disease and vaccine.

Providers Should Not

- Change a VIS or make your own VIS. The law requires providers to use those developed by CDC.

Providers May

- Add your practice's name, address, or phone number to an existing VIS. If you have a copy on which the publication date was cut off, you may add the date.
- Give out VISs at other times, in addition to prior to vaccine administration, (e.g., pre-natal visits).
- Have a recipient or their parent or legal representative sign a separate "informed consent" form *if it is required by your state*. There is no Federal requirement for written informed consent for vaccinations, and VISs are not informed consent forms, but some states have such requirements.

2. TYPES OF VISs AND WHEN TO USE THEM

There are 2 types of VISs: those for vaccines that are covered by the **National Childhood Vaccine Injury Act**, and those for vaccines that are not.

They are identical, except those covered by the Act bear a reference to the law (42 U.S.C. § 300aa-26) and contain information about the National Vaccine Injury Compensation Program, while those not covered by the Act do not.

Vaccines Covered by the National Childhood Vaccine Injury Act

The following vaccines are covered by the VICP:

- Diphtheria, tetanus, pertussis (DTP, DTaP, Tdap, DT, Td, or TT)
- *Haemophilus influenzae* type b (Hib)
- Hepatitis A (HepA)
- Hepatitis B (HepB)
- Human papillomavirus (HPV)
- Influenza (TIV, LAIV) [given each year during the flu season]
- Measles, mumps, rubella (MMR, MR, M, R)
- Meningococcal (MCV4, MPSV4)
- Polio (OPV or IPV)
- Pneumococcal conjugate (PCV)
- Rotavirus (Rota)
- Varicella (Var)
- Any combination of the vaccines above

VISs for vaccines covered by the NCVIA (as of 11/08), and the dates they were issued, are:

DTaP (includes DT): 5/17/07	Inactivated Influenza: (Updated annually)
Td/Tdap: 11/18/08	Live, Intranasal Influenza: (Updated annually)
MMR: 3/13/08	Varicella: 3/13/08
Polio: 1/1/00	Pneumococcal Conjugate: 12/9/08
Hib: 12/16/98	Rotavirus: 8/28/08
Hepatitis A: 3/21/06	Meningococcal: 1/28/08
Hepatitis B: 7/18/07	HPV 2/2/07

Note: When giving combination vaccines for which no separate VIS exists (e.g., DTP/Hib, Hib/Hepatitis B) give out all relevant VISs.

These VISs must always be used. Every time one of these vaccines is given—regardless of what combination it is given in—regardless of whether it is given by a public health clinic or a private provider—regardless of how the vaccine was purchased—regardless of the age of the recipient—the appropriate VIS must be given out at the time of the vaccination.

Vaccines NOT Covered by the National Childhood Vaccine Injury Act

VISs also exist for vaccines not covered by the NCVIA. We encourage their use whenever the vaccine is given, but they must be used when the vaccine was purchased under CDC contract. The legal basis for this is not the NCVIA, but a “Duty to Warn” clause in CDC’s vaccine contracts.

These VISs are identical to those for the NCVIA vaccines, except they do not bear a reference to the law (42 U.S.C. § 300aa-26) and do not contain information about the National Vaccine Injury Compensation Program.

VISs for vaccines not covered by the NCVIA (as of 11/08), and the dates they were issued, are:

Pneumococcal Polysaccharide: 7/29/97	Typhoid: 5/19/04
Anthrax: 4/24/03	Smallpox: 11/15/03
Rabies: 1/12/06	Japanese Encephalitis: 5/11/05
Yellow Fever: 11/9/04	Zoster: 9/11/06

3. HOW TO GET VISs:

- **The Internet.** All current VISs are available on the internet at two websites—the National Immunization Program (<http://cdc.gov/vaccines/pubs/vis/default.htm>) and the Immunization Action Coalition (www.immunize.org).
 - ✓ You can download all VISs as .pdf documents. These can, ideally, then be printed out to look exactly like their print counterparts—and therefore be used as camera-ready copy. In reality, they don't always print out perfectly. Sometimes the graphics don't come through clearly, and sometimes parts of the forms don't print out at all. Here are some tips that might help if you have problems:
 - Make sure you have Adobe Acrobat Reader (current version is 9) or later.
 - Download the file directly to disk by holding down the shift key when you click on the link to the .pdf file. Save the file to disk and then open Acrobat Reader and print the file.
 - Print one page at a time. If your printer is limited in memory, this can help.
 - ✓ You can also order single hard copies of the VISs using NIP's Online Order Form (at www.cdc.gov/vaccines/pubs).
- **State Health Department.** CDC sends each state health department's immunization program camera-ready copies when a new VIS is published. The immunization program in turn provides copies to providers within the state.
- Sign up for e-mail notification when changes are made to the NIP VIS webpage, including new VIS, as well as updates <http://www.cdc.gov/vaccines/pubs/vis/default.htm>

TRANSLATIONS

VISs are translated into a number of languages by the California and Minnesota immunization programs. Availability of VISs in languages other than English is evolving, but they should be available in at least these languages:

Arabic	German	Marshallese	Somali
Armenian	Haitian Creole	Polish	Spanish
Bosnian	Hindi	Portugese	Tagalog
Cambodian	Hmong	Punjabi	Thai
Chinese	Ilokano	Romanian	Turkish
Croatian (Serbian)	Japanese	Russian	Vietnamese
Farsi	Korean	Samoan	
French	Laotian	Serbo-Croatian	

Translations can currently be found on the Immunization Action Coalition Website (www.immunize.org).

A set of 7 **videotapes** of VISs (MMR, DTP, Polio, Hepatitis B, Hib, Varicella, and Pneumococcal Conjugate) is available in English and Spanish from the University of Michigan. Tapes run approximately 5–9 minutes each, and a set costs \$25. For information, call (517) 353-2596.

Frequently Asked Questions

Should the VISs be used for adults getting vaccines as well as for children?

Yes. Under the National Childhood Vaccine Injury Act, anyone receiving a covered vaccine should be given the appropriate VIS. VISs are worded so they may be used by adults as well as children. The one exception is the DTaP VIS, since DTaP vaccine is not licensed for adults. There is a separate VIS for adult Td and Tdap vaccines.

Are VISs “informed consent” forms?

No. People sometimes use the term “informed consent” loosely when referring to VISs. But even when vaccine information materials had tear-off sheets for parents to sign, they were not technically informed consent forms. The signature was simply to confirm that the “Duty to Warn” clause in the vaccine contract was being fulfilled.

There is no Federal requirement for informed consent. VISs are written to fulfill the information requirements of the NCVIA. But because they cover both benefits and risks associated with vaccinations, they provide enough information that anyone reading them should be adequately informed. Some states have informed consent laws (see section 15, page 15-20), covering either procedural requirements (e.g., whether consent may be oral or must be written) or substantive requirements (e.g., types of information required). Check your state medical consent law to determine if there are any specific informed consent requirements relating to immunization. VISs can be used for informed consent as long as they conform to the appropriate state laws.

The law states that vaccine information materials be given to a child’s legal representatives. How is “legal representative” defined?

A “legal representative” is a parent or other individual who is qualified under state law to consent to the immunization of a minor. There is not an overriding Federal definition.

Must the patient, parent, or legal representative physically take away a copy of each VIS, or can we simply let them read a copy and make sure they understand it?

Ideally the person getting the shot, or their representative, should actually take each VIS home. They contain information that may be needed later (e.g., the recommended vaccine schedule, information about what to do in the case of an adverse reaction). Patients may choose not to take the VIS, but the provider should offer them the opportunity to do so.

When do providers have to start using a new VIS?

The date for a new VISs required use is announced when the final draft is published in the Federal Register. Ideally, providers will begin using a new VIS immediately, particularly if the vaccine’s contraindications or adverse event profile have changed significantly since the previous version.

How should we comply with the law for patients who cannot read the VISs (e.g., those who are illiterate or blind)?

The NCVIA requires providers to supplement the VISs with “visual presentations” or oral “explanations” as needed. If patients are unable to read the VISs, it is up to the provider to ensure that they have that information. VISs can be read to these patients, or videotapes can be used as supplements. At least one CD-ROM is being produced on which users can hear the VISs read. Versions of VISs that are compatible with screen reader devices are available on the NIP website.

Why are the dates on some of the VISs so old? Are they obsolete? Why can't they be updated every year?

VISs are updated only when they need to be. For instance, a VIS would be updated if there were a change in ACIP recommendations that affects the vaccine's adverse event profile, indications, or contraindications. It's true that some people might be concerned that a VIS that is several years old might be outdated. On the other hand, knowing that VISs posted on the NIP website will always be the current versions should help alleviate that concern. Annually changing the dates on VISs that haven't changed otherwise could be confusing too, because there would be multiple VISs in circulation that were identical but would have different dates.

Sometimes a VIS will contain a recommendation that is at odds with the manufacturer's package insert. Why?

VISs are based on the ACIP's recommendations, which occasionally differ from those made by the manufacturer. These differences may involve adverse events. Package inserts generally tend to include all adverse events that were temporally associated with a vaccine during clinical trials, whereas ACIP tends to recognize only those likely to be causally linked to the vaccine.

What is the reading level of VISs?

Defining the readability of a VIS by a traditional “grade level” measure can be difficult and misleading. Two of the criteria used by standard readability formulas are word length and sentence length. Word length is not necessarily a reliable measure of readability, as there are multi-syllable words that are widely understood (e.g., “individual”) and short words that are not (e.g., “spiv”). VISs are often unavoidably saddled with long words (“*Haemophilus influenzae*” for instance, or “vaccination” or “compensation” or “polysaccharide”) which drive the reading level up. Sentence length can be a problem with VISs because they incorporate bulleted lists, which may be read as very long sentences (no period), while they are actually quite easy to understand.

Applying a Fletch-Kincaid test to a VIS usually reveals about a 10th grade reading level, but this should be taken with the caveats in the preceding paragraph.

In what may be a more useful measure of readability, several VISs were the subject of a series of focus groups among low-literacy parents in a variety of racial and ethnic groups (some not native English speakers) in 1998, and the participants overwhelmingly rated them easy to read and understand.

How should we distribute VISs when the parent or legal representative of a minor is not present at the time the vaccination is given, for example during a school-based adolescent vaccination program?

CDC's legal advisors have proposed two alternatives for this situation:

1. **Consent Prior to Administration of Each Dose of a Series.** With this alternative the VIS must be mailed or sent home with the student around the time of administration of each dose. Only those children for whom a signed consent is returned may be vaccinated. The program must place the signed consent in the patient's medical record.
2. **Single Signature for Series.** This alternative is permissible only in those States where a single consent to an entire vaccination series is allowed under State law and in those schools where such a policy would be acceptable. The first dose of vaccine may be administered only after the parent or legal representative receives a copy of the VIS and signs and returns a statement that a) acknowledges receipt of the VIS and provides permission for their child to be vaccinated with the complete series of the vaccine (if possible, list the approximate dates of future doses); and b) acknowledges their acceptance of the following process regarding administration of additional doses:
 - prior to administration of each dose following the initial dose, a copy of the VIS will be mailed to the parent (or legal representative) who signs the original consent at the address they provide on this statement, or the VIS will be sent home with the student; and
 - the vaccine information statements for the additional doses will be accompanied by a statement notifying the parent that, based on their earlier permission, the next dose will be administered to their child (state the date), unless the parent returns a portion of this statement by mail to an address provided, to arrive prior to the intended vaccination date, in which the parent withdraws permission for the child to receive the remaining doses.

The program must maintain the original consent signature and any additional dose veto statements in the patient's medical record. A record must be kept of the dates prior to additional doses that the VIS was mailed, or sent home with the adolescent.

Prior to administration of each additional dose, the provider should ask the adolescent whether he/she experienced any significant adverse events following receipt of earlier doses. If yes, the provider should consider consulting the parent or delaying the vaccination. The adolescent's response to questions about adverse reactions to previous doses should be kept in the medical record.

The Law

(Development, Content, and Use of VISs)

42 § 300aa-26. Vaccine Information

(a) General Rule

Not later than 1 year after the effective date of this subpart, the Secretary shall develop and disseminate vaccine information materials for distribution by health care providers to the legal representatives of any child or to any other individual receiving a vaccine set forth in the Vaccine Injury Table. Such materials shall be published in the Federal Register and may be revised.

(b) Development and Revision of Materials

Such materials shall be developed or revised—

- (1) after notice to the public and 60 days of comment thereon, and
- (2) in consultation with the Advisory Commission on Childhood Vaccines, appropriate health care providers and parent organizations, the Centers for Disease Control and Prevention, and the Food and Drug Administration.

(c) Information Requirements

The information in such materials shall be based on available data and information, shall be presented in understandable terms and shall include—

- (1) a concise description of the benefits of the vaccine,
- (2) a concise description of the risks associated with the vaccine,
- (3) a statement of the availability of the National Vaccine Injury Compensation Program, and
- (4) such other relevant information as may be determined by the Secretary.

(d) Health Care Provider Duties

On and after a date determined by the Secretary which is—

- (1) after the Secretary develops the information materials required by subsection (a) of this section, and
- (2) not later than 6 months after the date such materials are published in the Federal Register,

each health care provider who administers a vaccine set forth in the Vaccine Injury Table shall provide to the legal representatives of any child or to any other individual to whom such provider intends to administer such vaccine a copy of the information materials developed pursuant to subsection (a) of this section, supplemented with visual presentation or oral explanations, in appropriate cases. Such materials shall be provided prior to the administration of such vaccine.

THE LAW

(Recording Patient Information & Reporting Adverse Events)

42 § 300aa-25. Recording and Reporting of Information

(a) General Rule

Each health care provider who administers a vaccine set forth in the Vaccine Injury Table to any person shall record, or ensure that there is recorded, in each person's permanent medical record (or in a permanent office log or file to which a legal representative shall have access upon request) with respect to each such vaccine—

- (1) the date of administration of the vaccine,
- (2) the vaccine manufacturer and lot number of the vaccine,
- (3) the name and address and, if appropriate, the title of the health care provider administering the vaccine, and
- (4) any other identifying information on the vaccine required pursuant to regulations promulgated by the Secretary.

(b) Reporting

- (1) Each health care provider and vaccine manufacturer shall report to the Secretary—
 - (A) the occurrence of any event set forth in the Vaccine Injury Table, including the events set forth in section 2114(b) which occur within 7 days of the administration of any vaccine set forth in the Table or within such longer period as is specified in the Table or section,
 - (B) the occurrence of any contraindicating reaction to a vaccine which is specified in the manufacturer's package insert, and
 - (C) such other matters as the Secretary may by regulation require.

Reports of the matters referred to in subparagraphs (A) and (B) shall be made beginning 90 days after the effective date of this part [Effective December 22, 1987]. The Secretary shall publish in the Federal Register as soon as practicable after such date a notice of the reporting requirement.

(2) A report under paragraph (1) respecting a vaccine shall include the time periods after the administration of such vaccine within which vaccine-related illnesses, disabilities, injuries, or conditions the symptoms and manifestations of such illnesses, disabilities, injuries, or conditions, or deaths occur, and the manufacturer and lot number of the vaccine.

(3) The Secretary shall issue the regulations referred to in paragraph (1)(C) within 180 days of the effective date of this part [December 22, 1987].

(c) Release of Information

(1) Information which is in the possession of the Federal Government and State and local governments under this section and which may identify an individual shall not be made available under section 552 of title 5, United States Code, or otherwise, to any person except—

- (A) the person who received the vaccine, or
- (B) the legal representative of such person.

(2) For purposes of paragraph (1), the term "information which may identify an individual" shall be limited to the name, street address, and telephone number of the person who received the vaccine and of that person's legal representative and the medical records of such persons relating to the administration of the vaccine, and shall not include the locality and State of vaccine administration, the name of the health care provider who administered the vaccine, the date of the vaccination, or information concerning any reported illness, disability, injury, or condition, or death resulting from the administration of the vaccine.

(3) Except as provided in paragraph (1), all information reported under this section shall be available to the public.

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VACCINE ACCOUNTABILITY AND DOCUMENTATION REQUIREMENTS

Fees for Vaccines or Administration: According to federal law, patients may not be charged for the cost of vaccines provided through Federal immunization grant funds (including VFC funds), whether administered in public clinics or by private physicians. **If patients are charged an administration fee, facilities must display information prominently which shows that no one may be denied vaccine provided through immunization grant funds for failure to pay the administration fee or for failure to make a donation to the provider.** Providers must post a notice provided by the Immunization Program in each clinic which charges an administration fee or requests a donation for vaccine administration.

Immunization Records:

- a. **Patient's Personal Record:** Colorado has adopted an official yellow immunization record card to encourage uniformity of records and to simplify the assessment of immunization records by schools and child care centers. A permanent immunization record card should be established for each newborn and maintained by the parent. Parents who have immunization dates documented on other types of records can be offered the yellow card to achieve the goal of uniformity. Wallet-sized cards for adult immunizations are also available from the immunization program on request. (Record samples can be found on pages 3-25 through 3-27.)

All vaccinations should be documented in the patient's permanent medical record (can be paper or electronic). A parental history of immunization, by itself, is not considered adequate documentation. History of previous disease (without accompanying serologic confirmation) is not acceptable proof of immunity, with the exception of varicella (chickenpox) infection. Documentation of varicella disease needs to be by health care provider certified history. A clinician should not provide an immunization record for a patient unless s/he has administered the vaccine or has seen documentation that the vaccination was administered.

- b. **Provider Records:** Documentation of patient vaccinations helps ensure that persons in need of vaccine receive it and that adequately vaccinated patients do not receive unnecessary vaccines. It is useful to have an immunization record sheet (sample on page 3-15) displayed prominently in the permanent medical record. Serologic test results for vaccine-preventable diseases (such as those for rubella screening) as well as documented episodes of adverse events should also be recorded in the permanent medical record of the vaccine recipient.

The National Vaccine Injury Compensation Act (NVICA) requires each health-care provider to record in the vaccine recipient's permanent medical record (or in a permanent office log or file) the provider's name, address, and title (if appropriate), the

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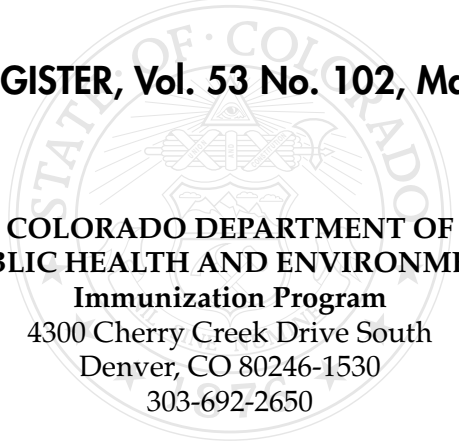
type of immunobiologic administered, the manufacturer, lot number, date and type of Vaccine Information Statement (VIS) given to parent/guardian, date VIS was given to parent/guardian and date of administration for all vaccines covered by the Act. The approved Immunization Administration Record Sheets mentioned above, fulfill the “provider record” requirements of the NVICA, if the information is properly entered and the clinic name and address are listed on the sheet.

- c. Persons Without Documentation of Vaccinations: Healthcare providers frequently encounter persons who have no adequate documentation of vaccinations. Although vaccinations should not be postponed if records cannot be found, an attempt to locate missing records should be made by contacting previous health-care providers. If records cannot be located, such persons should be considered susceptible and should be started on the age-appropriate immunization schedule. The following guidelines are recommended:
1. MMR, IPV, Hib, Hepatitis B, Hepatitis A, varicella, and influenza vaccines can be administered because no adverse effects of repeated vaccination have been demonstrated with these vaccines.
 2. Vaccination providers can revaccinate a child with DTaP vaccine without regard to recorded doses; however, one concern about this approach is that data indicate increased rates of local adverse reactions after the fourth and fifth doses of DTP or DTaP. Persons who develop a serious adverse reaction after administration of DTP, DTaP, DT, Td, or tetanus toxoid should be individually assessed before the administration of further doses of these vaccines (see the ACIP recommendations for use of diphtheria, tetanus, and pertussis vaccines in section 8 of this manual). CDC further recommends no more than 6 doses of diphtheria/tetanus combinations should be given before the age of 7—this decision is based on ensuring adequate protection vs. the risk of large local reactions.
 3. Pneumococcal vaccine should be administered, if indicated. In most studies, local reactions in adults after revaccination were similar compared with initial vaccination (see ACIP recommendations for the use of pneumococcal polysaccharide vaccine for further details. MMWR 1997; 46[RR-8]: 1-24).
 4. See pages 7-3 and 7-5 of this manual for guidelines on catch-up immunization schedules for children.
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NOTICE

**According to federal law,
no person may be denied
vaccine purchased with
federal immunization
grant funds for failure to
pay an administrative fee
or failure to make a
donation to the provider.**

FEDERAL REGISTER, Vol. 53 No. 102, May 26, 1988



**COLORADO DEPARTMENT OF
PUBLIC HEALTH AND ENVIRONMENT
Immunization Program
4300 Cherry Creek Drive South
Denver, CO 80246-1530
303-692-2650**

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

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

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.

Human Papillomavirus (e.g., HPV)									
Rotavirus (e.g., Rota)									
Meningococcal (e.g., MCV4, conjugate; MPSV4, polysaccharide)									
Hepatitis A (e.g., HepA, HepA-HepB)									
Influenza (e.g., TIV, LAIV)									

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

I have read or have had explained to me the information contained in the Vaccine Information Statement(s) about the diseases and the vaccine(s). I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine(s) and request that each of the vaccine(s) indicated by date on the front of this sheet be given to me or to the person named on this form for who I am authorized to make this request.

Parent/guardian signatures for the respective parent/guardian initials below:

1: _____ 2: _____ 3: _____ 4: _____

Vaccination Date	Initials	Vaccination Date	Initials	Vaccination Date	Initials	Vaccination Date	Initials	Vaccination Date	Initials

TO THE BEST OF MY KNOWLEDGE, THE PERSON NAMED ABOVE HAS RECEIVED THE IMMUNIZATIONS REQUIRED FOR SCHOOL/CHILD CARE ENTRY

DO NOT SIGN UNLESS MINIMUM IMMUNIZATION REQUIREMENTS FOR AGE OR GRADE ARE MET

Signed _____ Title _____ Date _____
(Physician, nurse or school health authority)

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW (DECLARACIÓN RESPECTO A LAS EXENCIONES DE LA LEY DE VACUNACIÓN)

IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM SCHOOL AND TO QUARANTINE. SI SE PRESENTA UN BROTE DE LA ENFERMEDAD, ES POSIBLE QUE A LAS PERSONAS EXENTAS SE LES PONGA EN CUARENTENA O SE LES EXCLUYA DE LA ESCUELA.

MEDICAL EXEMPTION: The physical condition of the above named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions.

EXENCIÓN POR RAZONES MÉDICAS: El estado de salud de la persona arriba citada es tal que la vacunación significa un riesgo para su salud o incluso su vida; o bien, las vacunas están contraindicadas debido a otros problemas de salud.

Medical exemption to the following vaccine(s):
La exención por razones médicas aplica a la(s) siguiente(s) vacuna(s):

Signed (Firma) _____ Date (Fecha) _____
Physician (Médico)

RELIGIOUS EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a religious belief opposed to immunizations.

EXENCIÓN POR MOTIVOS RELIGIOSOS: El padre o tutor de la persona arriba citada, o la persona misma, pertenece a una religión que se opone a la inmunización.

Religious exemption to the following vaccine(s):
Exención por motivos religiosos de la(s) siguiente(s) vacuna(s):

Signed (Firma) _____ Date (Fecha) _____
Parent, guardian, emancipated student/consenting minor
(Padre, tutor, estudiante emancipado o consentimiento del menor)

PERSONAL EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a personal belief opposed to immunizations.

EXENCIÓN POR CREENCIAS PERSONALES: Las creencias personales del padre o tutor de la persona arriba citada, o la persona misma, se oponen a la inmunización.

Personal exemption to the following vaccine(s):
Exención por creencias personales de la(s) siguiente(s) vacuna(s):

Signed (Firma) _____ Date (Fecha) _____
Parent, guardian, emancipated student/consenting minor
(Padre, tutor, estudiante emancipado o consentimiento del menor)

COMMENTS

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

Clinic Name/Address: Pediatric Clinic 789 Mountain Dr. Denver, CO 81233	Patient Name <u>Shaniqua Smith</u> DOB <u>4-4-06</u> Parent Name <u>Danielle Smith</u> Address <u>123 Long St.</u> City <u>Denver</u> Zip Code <u>81230</u> Phone Number <u>(987) 654-3210</u>
---	--

Vaccine	Vaccine Administered			Code VFC Eligibility ³ (Every Visit)	Vaccine		Vaccine Information Statements		Vaccine Administrator Signature/Title
	Type of Vaccine ¹	Date mm/dd/yy	Site ²		Mfr.	Lot #	Date on VIS	Date VIS Provided	
Hepatitis B (e.g., HepB, HepB-Hib, DTaP-HepB-IPV, HepA-HepB)	DTaP-HepB-IPV	6/12/06	RT	VFM	GSK	AC21B079BA	7/11/01	6/12/06	Margaret Johnson, MA
	HepB-Hib	9/18/06	RT	VFN	MRK	0679F	7/11/01	9/18/06	Betsy Jones, RN
Diphtheria, Tetanus, Pertussis (e.g., DTaP, DT, DTaP-Hib, DTaP-HepB-IPV, Td, Tdap)	DTaP-HepB-IPV	6/12/06	RT	VFM	GSK	AC21B079BA	7/30/01	6/12/06	Margaret Johnson, MA
	DTaP	9/18/06	RT	VFN	SP	C2649AA	7/30/01	9/18/06	Betsy Jones, RN
Haemophilus influenzae type b (e.g., Hib, Hib-HepB, DTaP-Hib)	Hib	6/12/06	LT	VFM	MRK	407F	12/16/98	6/12/06	Margaret Johnson, MA
	HepB-Hib	9/18/06	RT	VFN	MRK	0679F	12/16/98	9/18/06	Betsy Jones, RN
Polio (e.g., IPV, DTaP-HepB-IPV)	DTaP-HepB-IPV	6/12/06	RT	VFM	GSK	AC21B079BA	1/1/00	6/12/06	Margaret Johnson, MA
Pneumococcal (e.g., PCV7 conjugate; PPV23, polysaccharide)	PCV7	6/12/06	LT	VFM	WYE	B08691B	9/30/02	6/12/06	Margaret Johnson, MA
Measles, Mumps, Rubella (MMR, MMRV)									
Varicella (Var, MMRV)									
Human Papillomavirus (e.g., HPV)									
Rotavirus (e.g., Rota)	Rota	6/12/06	PO	VFM	MRK	0319F	4/12/06	6/12/06	Margaret Johnson, MA
Meningococcal (e.g., MCV4, conjugate; MPSV4, polysaccharide)									
Hepatitis A (e.g., HepA, HepA-HepB)									
Influenza (e.g., TIV, LAIV)	TIV	1/15/07	LA	NE	SP	UT2175EA	6/30/06	1/15/07	Margaret Johnson, MA

How to record combination vaccines

1 shot, 2 different VISs

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.

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

3 - 17

I have read or have had explained to me the information contained in the Vaccine Information Statement(s) about the diseases and the vaccine(s). I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine(s) and request that each of the vaccine(s) indicated by date on the front of this sheet be given to me or to the person named on this form for who I am authorized to make this request.

Parent/guardian signatures for the respective parent/guardian initials below:

1: Danielle Smith 2: Thomas Smith 3: _____ 4: _____

Vaccination Date	Initials	Vaccination Date	Initials	Vaccination Date	Initials	Vaccination Date	Initials	Vaccination Date	Initials
6/12/06	DS								
9/18/06	DS								
1/15/07	TS								

TO THE BEST OF MY KNOWLEDGE, THE PERSON NAMED ABOVE HAS RECEIVED THE IMMUNIZATIONS REQUIRED FOR SCHOOL/CHILD CARE ENTRY

DO NOT SIGN UNLESS MINIMUM IMMUNIZATION REQUIREMENTS FOR AGE OR GRADE ARE MET

Signed _____ Title _____ Date _____
(Physician, nurse or school health authority)

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW (DECLARACIÓN RESPECTO A LAS EXENCIONES DE LA LEY DE VACUNACIÓN)

IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM SCHOOL AND TO QUARANTINE. SI SE PRESENTA UN BROTE DE LA ENFERMEDAD, ES POSIBLE QUE A LAS PERSONAS EXENTAS SE LES PONGA EN CUARENTENA O SE LES EXCLUYA DE LA ESCUELA.

MEDICAL EXEMPTION: The physical condition of the above named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions.

EXENCIÓN POR RAZONES MÉDICAS: El estado de salud de la persona arriba citada es tal que la vacunación significa un riesgo para su salud o incluso su vida; o bien, las vacunas están contraindicadas debido a otros problemas de salud.

*Medical exemption to the following vaccine(s):
La exención por razones médicas aplica a la(s) siguiente(s) vacuna(s):*

Signed (Firma) _____ Date (Fecha) _____
Physician (Médico)

RELIGIOUS EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a religious belief opposed to immunizations.

EXENCIÓN POR MOTIVOS RELIGIOSOS: El padre o tutor de la persona arriba citada, o la persona misma, pertenece a una religión que se opone a la inmunización.

*Religious exemption to the following vaccine(s):
Exención por motivos religiosos de la(s) siguiente(s) vacuna(s):*

Signed (Firma) _____ Date (Fecha) _____
Parent, guardian, emancipated student/consenting minor
(Padre, tutor, estudiante emancipado o consentimiento del menor)

PERSONAL EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a personal belief opposed to immunizations.

EXENCIÓN POR CREENCIAS PERSONALES: Las creencias personales del padre o tutor de la persona arriba citada, o la persona misma, se oponen a la inmunización.

*Personal exemption to the following vaccine(s):
Exención por creencias personales de la(s) siguiente(s) vacuna(s):*

Signed (Firma) _____ Date (Fecha) _____
Parent, guardian, emancipated student/consenting minor
(Padre, tutor, estudiante emancipado o consentimiento del menor)

COMMENTS

8-20-06 - Reminder letter sent to MOC; Shaniqua due for next doses

9-18-06 - MOC refused simultaneous administration of more than 3 doses and chose to defer PCV7 + IPV until a later date even though provider strongly recommended all doses at this time.

Colorado Vaccine Administration Record Sheet for Adults

Clinic Name/Address: 	Patient Name _____ DOB _____ Address _____ City _____ Zip Code _____ Phone Number _____
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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	Vaccine Administered			Vaccine		Vaccine Information Statements		Vaccine Administrator Signature/Title
	Type of Vaccine ¹	Date mm/dd/yy	Site ²	Mfr.	Lot #	Date on VIS ³	Date VIS Provided ³	
Tetanus, Diphtheria, (Pertussis) (e.g., Td, Tdap) Give IM.								
Hepatitis A (e.g., HepA, HepA-HepB) Give IM.								
Hepatitis B (e.g., HepB, HepA-HepB) Give IM.								
Human Papillomavirus (HPV) Give IM.								
Measles, Mumps, Rubella (MMR) Give SC.								
Varicella (Var) Give SC.								
<input type="checkbox"/> Check this box if this patient has a physician-certified reliable history of chickenpox. Date box checked ____/____/____. A reliable history of chickenpox is defined as: 1) physician interpretation of patient description of chickenpox; 2) physician diagnosis of chickenpox; or 3) laboratory proof of immunity.								
Pneumococcal, polysaccharide (PPV) Give SC or IM.								
Meningococcal (e.g., MCV4, conjugate; MPSV4, polysaccharide) Give MCV4 IM. Give MPSV4 SC.								
Zoster (Zos) Give SC.								
Influenza (e.g., TIV, inactivated; LAIV, live, attenuated) Give TIV IM. Give LAIV Intranasal.								
Other								

¹Record the generic abbreviation for the **type of vaccine** given (e.g., PPV, HepA-HepB), not the trade name. For combination vaccines, fill in a row for each separate antigen in the combination. ²**Site:** RA = Right Arm; LA = Left Arm; RT = Right Thigh; LT = Left Thigh; IN = Intranasal. ³Record the **publication date of each VIS as well as the date it is given to the patient.**

Colorado Expanded Vaccine Administration Record Sheet for Adults

Clinic Name/Address: 	Patient Name _____ DOB _____ Address _____ City _____ Zip Code _____ Phone Number _____
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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	Vaccine Administered			Vaccine		Vaccine Information Statements		Vaccine Administrator Signature/Title
	Type of Vaccine ¹	Date mm/dd/yy	Site ²	Mfr.	Lot #	Date on VIS ³	Date VIS Provided ³	
Tetanus, Diphtheria, (Pertussis) (e.g., Td, Tdap) Give IM.								
Hepatitis A (e.g., HepA, HepA-HepB) Give IM.								
Hepatitis B (e.g., HepB, HepA-HepB) Give IM.								
Human Papillomavirus (HPV) Give IM.								
Measles, Mumps, Rubella (MMR) Give SC.								
Varicella (Var) Give SC.								
<input type="checkbox"/> Check this box if this patient has a physician-certified reliable history of chickenpox. Date box checked ____/____/____. A reliable history of chickenpox is defined as: 1) physician interpretation of patient description of chickenpox; 2) physician diagnosis of chickenpox; or 3) laboratory proof of immunity.								
Pneumococcal, polysaccharide (PPV) Give SC or IM.								
Meningococcal (e.g., MCV4, conjugate; MPSV4, polysaccharide) Give MCV4 IM. Give MPSV4 SC.								
Zoster (Zos) Give SC.								
Influenza (e.g., TIV, inactivated; LAIV, live, attenuated) Give TIV IM. Give LAIV Intranasal.								
Other								

¹Record the generic abbreviation for the **type of vaccine** given (e.g., PPV, HepA-HepB), not the trade name. For combination vaccines, fill in a row for each separate antigen in the combination. ²**Site:** RA = Right Arm; LA = Left Arm; RT = Right Thigh; LT = Left Thigh; IN = Intranasal. ³Record the **publication date of each VIS as well as the date it is given to the patient.**

Travel/At Risk Vaccine Administration

Vaccine	Vaccine Administered			Vaccine		Vaccine Information Statements		Vaccine Administrator Signature/Title
	Type of Vaccine ¹	Date mm/dd/yy	Site ²	Mfr.	Lot #	Date on VIS ³	Date VIS Provided ³	
Japanese Encephalitis (JE-VAX)								
Malaria (non-vaccine prophylaxis)	Rx or medication provided on ___/___/___ . Type _____ Dosage _____ Number _____ <input type="checkbox"/> Patient instructions provided							
	Rx or medication provided on ___/___/___ . Type _____ Dosage _____ Number _____ <input type="checkbox"/> Patient instructions provided							
	Rx or medication provided on ___/___/___ . Type _____ Dosage _____ Number _____ <input type="checkbox"/> Patient instructions provided							
Polio (IPV)	Childhood Polio series complete? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Rabies (HDCV, PCEC)								
Typhoid Vi polysaccharide (Ty-ViPS)								
Typhoid, live oral (Ty21a)	Rx or medication provided on ___/___/___ . Type _____ Dosage _____ Number _____ <input type="checkbox"/> Patient instructions provided							
	Rx or medication provided on ___/___/___ . Type _____ Dosage _____ Number _____ <input type="checkbox"/> Patient instructions provided							
	Rx or medication provided on ___/___/___ . Type _____ Dosage _____ Number _____ <input type="checkbox"/> Patient instructions provided							
Yellow Fever (YF-Vax)								

¹Record the generic abbreviation for the **type of vaccine** given (e.g., PPV, HepA-HepB), not the trade name. For combination vaccines, fill in a row for each separate antigen in the combination. ²**Site:** RA = Right Arm; LA = Left Arm; RT = Right Thigh; LT = Left Thigh; IN = Intranasal. ³Record the **publication date of each VIS as well as the date it is given to the patient.**

COMMENTS/TRAVEL CONSULTATION

I have read or have had explained to me the information contained in the Vaccine Information Statement(s) about the diseases and the vaccine(s). I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine(s) and request that each of the vaccine(s) indicated by date on this form be given to me.

Patient signature for the initials below:

Vaccination Date	Initials	Vaccination Date	Initials	Vaccination Date	Initials	Vaccination Date	Initials	Vaccination Date	Initials

Colorado Expanded Vaccine Administration Record Sheet for Adults

Clinic Name/Address: Health Department P.O. Box 12, West Slope, CO 81111	Patient Name <u>Tom Emrich</u> Address <u>P.O. Box 14</u> Zip Code <u>81111</u>	DOB <u>1-1-58</u> City <u>West Slope</u> Phone Number <u>(970) 123-4567</u>
---	--	--

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	Vaccine Administered			Vaccine		Vaccine Information Statements		Vaccine Administrator Signature/Title
	Type of Vaccine ¹	Date mm/dd/yy	Site ²	Mfr.	Lot #	Date on VIS ³	Date VIS Provided ³	
Tetanus, Diphtheria, (Pertussis) (e.g., Td, Tdap) Give IM.	Td	1/15/94			Per pt. record:	dose given by Clark	County HD	
	Tdap	1/30/07	LA	GSK	HX12AA	7/12/06	1/30/07	Nancy Mitchel, RN
Hepatitis A (e.g., HepA, HepA-HepB) Give IM.	HepA-HepB	1/30/07	RA	GSK	AA123B	3/21/06	1/30/07	Nancy Mitchel, RN
Hepatitis B (e.g., HepB, HepA-HepB) Give IM.	HepA-HepB	1/30/07	RA	GSK	AA123B	7/11/01	1/30/07	Nancy Mitchel, RN
Human Papillomavirus (HPV) Give IM.								
Measles, Mumps, Rubella (MMR) Give SC.	MMR	4/10/75			Per pt. record:	dose given by Dr.	Engleman	
Varicella (Var) Give SC.								
<input checked="" type="checkbox"/> Check this box if this patient has a physician-certified reliable history of chickenpox. Date box checked <u>1 / 30 / 07</u> . A reliable history of chickenpox is defined as: 1) physician interpretation of patient description of chickenpox; 2) physician diagnosis of chickenpox; or 3) laboratory proof of immunity.								
Pneumococcal, polysaccharide (PPV) Give SC or IM.								
Meningococcal (e.g., MCV4, conjugate; MPSV4, polysaccharide) Give MCV4 IM. Give MPSV4 SC.								
Zoster (Zos) Give SC.								
Influenza (e.g., TIV, inactivated; LAIV, live, attenuated) Give TIV IM. Give LAIV Intranasal.	TIV	10/30/06	RA	GSK	FL123A	6/30/06	10/30/06	Linda Smith, LPN
Other								
Other								

¹Record the generic abbreviation for the **type of vaccine** given (e.g., PPV, HepA-HepB), not the trade name. For combination vaccines, fill in a row for each separate antigen in the combination. ²**Site:** RA = Right Arm; LA = Left Arm; RT = Right Thigh; LT = Left Thigh; IN = Intranasal. ³Record the **publication date of each VIS as well as the date it is given to the patient.**

Travel/At Risk Vaccine Administration

Vaccine	Vaccine Administered			Vaccine		Vaccine Information Statements		Vaccine Administrator Signature/Title
	Type of Vaccine ¹	Date mm/dd/yy	Site ²	Mfr.	Lot #	Date on VIS ³	Date VIS Provided ³	
Japanese Encephalitis (JE-VAX)								
Malaria (non-vaccine prophylaxis)	Rx or medication provided on <u>1 / 30 / 07</u> . Type <u>Malarone</u> Dosage <u>250/100mg</u> Number <u>22</u> <input checked="" type="checkbox"/> Patient instructions provided							
	Rx or medication provided on ___ / ___ / ___. Type _____ Dosage _____ Number _____ <input type="checkbox"/> Patient instructions provided							
	Rx or medication provided on ___ / ___ / ___. Type _____ Dosage _____ Number _____ <input type="checkbox"/> Patient instructions provided							
Polio (IPV)	Childhood Polio series complete? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Rabies (HDCV, PCEC)	PCEC	1/2/07	RA	Chir.	AAL123A	1/12/06	1/2/07	Nancy Mitchel, RN
	PCEC	1/9/07	RA	Chir.	AAL123A	1/12/06	1/9/07	Nancy Mitchel, RN
	PCEC	1/30/07	RA	Chir.	AAL123A	1/12/06	1/30/07	Nancy Mitchel, RN
Typhoid Vi polysaccharide (Ty-ViPS)	Ty-ViPS	1/9/07	LA	AP	AP 18T	5/19/04	1/9/07	Nancy Mitchel, RN
Typhoid, live oral (Ty21a)	Rx or medication provided on ___ / ___ / ___. Type _____ Dosage _____ Number _____ <input type="checkbox"/> Patient instructions provided							
	Rx or medication provided on ___ / ___ / ___. Type _____ Dosage _____ Number _____ <input type="checkbox"/> Patient instructions provided							
	Rx or medication provided on ___ / ___ / ___. Type _____ Dosage _____ Number _____ <input type="checkbox"/> Patient instructions provided							
Yellow Fever (YF-Vax)	YF-Vax	1/2/07	RA	AP	U123AA	11/9/04	1/2/07	Nancy Mitchel, RN

¹Record the generic abbreviation for the **type of vaccine** given (e.g., PPV, HepA-HepB), not the trade name. For combination vaccines, fill in a row for each separate antigen in the combination. ²Site: RA = Right Arm; LA = Left Arm; RT = Right Thigh; LT = Left Thigh; IN = Intranasal. ³Record the **publication date of each VIS as well as the date it is given to the patient.**

COMMENTS/TRAVEL CONSULTATION 1-2-07: travel to Peru and Colombia 3-15-07; Discussed immunization history, CDC recommended vaccines for travel to Peru and Colombia, current medical status, and allergies
—Nancy Mitchel, RN

I have read or have had explained to me the information contained in the Vaccine Information Statement(s) about the diseases and the vaccine(s). I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine(s) and request that each of the vaccine(s) indicated by date on this form be given to me.

Patient signature for the initials below:
Thomas Enrich

Vaccination Date	Initials	Vaccination Date	Initials	Vaccination Date	Initials	Vaccination Date	Initials	Vaccination Date	Initials
1/2/07	TE								
1/9/07	TE								
1/30/07	TE								

Colorado Immunization Manual

ISSUED: 9/1/98

REVISED: 8/1/07

SECTION-PAGE: 3-25

SUBJECT: YELLOW CHILD IMMUNIZATION RECORD CARD—FRONT

SAMPLE

When Do Children and Teens Need Vaccinations?

Please note: Your child may need additional vaccines and possibly, less doses of the vaccines listed below depending on the type of vaccines that your healthcare provider uses. Talk to your healthcare provider. Additionally, if your child's vaccinations are delayed or missed entirely, they should be given as soon as possible. ☐ = Catch-up dose

Age	Hep B	DTaP/Tdap	Hib	Polio	PCV	Rota	MMR	Varicella	Hep A	HPV	MCV4	Influenza
Birth	✓											
2 months	✓	✓	✓	✓	✓	✓						
4 months	✓	✓	✓	✓	✓	✓						
6 months	✓	✓	✓	✓	✓	✓						
12-18 months	6-18 m	15-18 m	12-15 m	6-18 m	12-15 m		12-15 m	12-15 m	12-23 m			✓ 6-59 m (given for each flu season)
19-23 months												
24-47 months			up to 5 years		up to 5 years							
4-6 years		✓		✓			✓	✓				
11-12 years		✓ Tdap								✓ females only	✓	
13-14 years								all children older than age 5 yrs who have had only 1 dose need a 2nd dose				
15 years		Tdap/Td										
18-18 years											College bound?	

August 2007

OPR-RC

PRESENT THIS RECORD AT EACH VISIT
En Cada Visita Muestre este Registro de Inmunizacion

1. Parents are the most important factor in making sure their children and teens are protected. It is important to talk with your child's health care provider at each visit to ensure your child is fully protected at all times.
2. A vaccination health record helps you and your healthcare provider keep your child's vaccinations on schedule. If you move or change providers, having an accurate record might prevent your child from repeating vaccinations he or she has already had. A shot record should be started when your child receives his/her first vaccination and updated with each vaccination visit. **Bring this record to every visit.**
3. If you have questions or need to know where you can get immunizations for your child, call the Colorado HELP Line at 1-877-462-2911.

IMPORTANT NOTES

COLORADO DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT

CHILD IMMUNIZATION RECORD REGISTRO DE INMUNIZACION

NAME (Nombre)

BIRTHDATE (Fecha De Nacimiento)

ALLERGIES (Alergias)



Your child must comply with Colorado's immunization law to be enrolled in school. Retain this document as proof of immunization.
Su niño/a debe cumplir con la ley de inmunización de Colorado para poder inscribirse en la escuela. Guarde este documento como prueba de vacunas.

Colorado Immunization Manual

ISSUED: 9/1/98

REVISED: 8/1/07

SECTION-PAGE: 3-26

SUBJECT: YELLOW CHILD IMMUNIZATION RECORD CARD—BACK

SAMPLE

VACCINE vacuna		VACCINE TYPE	DATE GIVEN dada en la fecha	DOCTOR OR CLINIC doctor o clínica	DATE NEXT DUE próxima vacuna
Hepatitis B (e.g., HepB, HepB-Hib, DTaP-HepB-IPV, HepA-HepB)	1				
	2				
	3				
	4	if dose #3 given before age 24 weeks			
Diphtheria, Tetanus, Pertussis (Difteria, Tétanos, Tos Ferina) (e.g., DTaP, DT, DTaP-Hib, DTaP-HepB-IPV, Td, Tdap)	1				
	2				
	3				
	4				
	5				
	6				
Haemophilus influenzae type b (Influenzae tipo b) Haemophilus tipo b (e.g., Hib, Hib-HepB, DTaP-Hib)	1				
	2				
	3				
	4	if dose #3 given before age 12 months			
Polio (Antipoliomielítica) (e.g., IPV, DTaP-HepB-IPV)	1				
	2				
	3				
	4				
Pneumococcal (Neumocócica Conjugada) (e.g., PCV7 conjugate; PPV23, polysaccharide)	1				
	2				
	3				
	4				
Measles, Mumps, Rubella (Sarampión, Paparas, Rubéola) (MMR, MMRV)	1				
	2				
Varicella (Varicela) (Var, MMRV)	1				
	2				
<input type="checkbox"/> Check this box if this child has a healthcare provider-certified reliable history of chickenpox. Date certified ____/____/____. A reliable history of chickenpox is defined as: 1) healthcare provider interpretation and verification of parent/guardian description of chickenpox; 2) healthcare provider diagnosis of chickenpox; or 3) laboratory proof of immunity.					
Human Papillomavirus (Virus del papiloma humano) (e.g., HPV)	1				
	2				
	3				
Rotavirus (e.g., Rota)	1				
	2				
	3				
Meningococcal (Meningocócicas) (e.g., MCV4, conjugate; MPSV4, polysaccharide)	1				
	2				
	3				
Hepatitis A (e.g., HepA, HepA-HepB)	1				
	2				
Influenza (e.g., TIV, LAIV)	1				
	2				

Colorado Immunization Manual

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SECTION-PAGE: 3-27

SUBJECT: ADULT IMMUNIZATION RECORD CARD—FRONT & BACK

SAMPLE


ADULT IMMUNIZATION RECORD
COLORADO DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT

**Vaccinations for Adults—
You're NEVER too old to get shots!**

NAME

BIRTHDATE

This is your record. Keep it in a safe place and have your health care professional or clinic keep it up to date.



Travel/At-Risk Vaccine Administration			
Vaccine	Type of Vaccine (e.g. Tdap)	Date Given mm/dd/yy	Health Professional or Clinic
Japanese Encephalitis (JE-VAX)			
Polio (IPV)	Childhood Polio series complete? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Rabies (HDCV, PCEC)			
Typhoid Vi polysaccharide (Ty-ViPS)			
Typhoid, live oral (Ty21a)			

Routine Vaccine Administration			
Vaccine	Type of Vaccine (e.g. Tdap)	Date Given mm/dd/yy	Health Professional or Clinic
Tetanus, Diphtheria, (Pertussis) (e.g., Td, Tdap)			
Hepatitis A (e.g., HepA, HepA-HepB)			
Hepatitis B (e.g., HepB, HepA-HepB)			
Human Papilloma-virus (HPV)			
Measles, Mumps, Rubella (MMR)			
Varicella (Var)			

Check this box if the patient has a physician-certified statement for evidence of patient immunity to varicella. Date box checked ____/____/____. Criteria for evidence of immunity includes any of the following: 1) Documentation of age-appropriate vaccination; 2) Laboratory evidence of immunity or laboratory confirmation of disease; 3) Born in the US before 1980 (For healthcare providers and pregnant women, birth before 1980 should not be considered evidence of immunity); 4) A healthcare provider diagnosis of varicella or healthcare provider verification of history of varicella disease; or 5) history of herpes zoster based on healthcare provider diagnosis.

Pneumococcal, polysaccharide (PPV)			
Meningococcal (e.g., MCV4, conjugate; MPSV4, polysaccharide)			
Zoster (Zos)			
Influenza (e.g., TIV, inactivated; LAIV, live, attenuated)			

APR-RC
May 2007

Colorado Immunization Manual

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SECTION-PAGE: 3-28

SUBJECT: CERTIFICATE OF IMMUNIZATION—FRONT

COLORADO LAW REQUIRES THIS FORM BE COMPLETE AND PROVIDED TO THE SCHOOL

Name _____ Date of Birth _____
 Parent/Guardian _____

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT—CERTIFICATE OF IMMUNIZATION

Vaccine	Enter complete date each immunization was given
Hep B Hepatitis B	
DTaP/Tdap Diphtheria, Tetanus, Pertussis	
DT/Td Tetanus, Diphtheria	
Hib <i>Haemophilus influenzae</i> type b	
IPV/OPV Polio	
PCV Pneumococcal Conjugate	
MMR Measles, Mumps, Rubella	
Varicella Chickenpox	Healthcare Provider Documentation Date _____ Lab Verification Date _____
Vaccines recorded below this line are recommended. Recording of dates are optional.	
HPV Human Papillomavirus	
Rota Rotavirus	
MCV4/MPSV4 Meningococcal	
Hep A Hepatitis A	
TIV/LAIV Influenza	
Other	

To the best of my knowledge, the person named above has received the above immunizations.

Signed _____ Title _____ Date _____
(Physician, nurse, or school health authority)

Name _____ Date of Birth _____

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW (DECLARACIÓN RESPECTO A LAS EXENCIONES DE LA LEY DE VACUNACIÓN)

IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM SCHOOL AND TO QUARANTINE.
SI SE PRESENTA UN BROTE DE LA ENFERMEDAD, ES POSIBLE QUE A LAS PERSONAS EXENTAS SE LES PONGA EN CUARENTENA O SE LES EXCLUYA DE LA ESCUELA.

MEDICAL EXEMPTION: The physical condition of the above named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions.

EXENCIÓN POR RAZONES MÉDICAS: El estado de salud de la persona arriba citada es tal que la vacunación significa un riesgo para su salud o incluso su vida; o bien, las vacunas están contraindicadas debido a otros problemas de salud.

Medical exemption to the following vaccine(s):

La exención por razones médicas aplica a la(s) siguiente(s) vacuna(s):

Signed (Firma) _____ Date (Fecha) _____
Physician (Médico)

RELIGIOUS EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a religious belief opposed to immunizations.

EXENCIÓN POR MOTIVOS RELIGIOSOS: El padre o tutor de la persona arriba citada, o la persona misma, pertenece a una religión que se opone a la inmunización.

Religious exemption to the following vaccine(s):

Exención por motivos religiosos de la(s) siguiente(s) vacuna(s):

Signed (Firma) _____ Date (Fecha) _____
Parent, guardian, emancipated student/consenting minor
 (Padre, tutor, estudiante emancipado o consentimiento del menor)

PERSONAL EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a personal belief opposed to immunizations.

EXENCIÓN POR CREENCIAS PERSONALES: Las creencias personales del padre o tutor de la persona arriba citada, o la persona misma, se oponen a la inmunización.

Personal exemption to the following vaccine(s):

Exención por creencias personales de la(s) siguiente(s) vacuna(s):

Signed (Firma) _____ Date (Fecha) _____
Parent, guardian, emancipated student/consenting minor
 (Padre, tutor, estudiante emancipado o consentimiento del menor)

Colorado Immunization Manual

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SECTION-PAGE: 3-30

SUBJECT: CERTIFICATE OF IMM. FOR COLLEGE STUDENTS—FRONT



Colorado Department
of Public Health
and Environment

CERTIFICATE OF IMMUNIZATION FOR COLLEGE STUDENTS

Colorado law requires this form be completed and provided to the school.

Name:	Date of Birth:
Student ID:	
Street Address:	City, State, ZIP Code:
School Name:	School Address:
School Phone Number:	School Fax Number:

Immunization requirements for Colorado college students: two doses of MEASLES, MUMPS, and RUBELLA (MMR) vaccine.

REQUIRED VACCINE	DATE GIVEN	REQUIRED VACCINE	DATE GIVEN
MMR #1 (Measles-Mumps-Rubella)		MMR #2 (Measles-Mumps-Rubella)	

The following vaccines are strongly recommended for college students, although not required by Colorado law.

ADDITIONAL VACCINES RECOMMENDED	DATES GIVEN (IF AVAILABLE)	ADDITIONAL VACCINES RECOMMENDED	DATES GIVEN (IF AVAILABLE)
DTP/DTaP/Tdap (Diphtheria-Tetanus-Pertussis)		Varicella (Chickenpox)	
Td (Tetanus-Diphtheria)		Meningococcal	
OPV/IPV (Polio)		HPV (Human Papillomavirus)	
Hep B (Hepatitis B)		Other:	
Hep A (Hepatitis A)		Other:	

- Measles, mumps, and rubella (MMR) vaccine is not required for college students born before January 1, 1957.
- The first MMR vaccine must have been administered **no earlier than 4 days before the first birthday**. The 2nd dose of MMR vaccine or of measles vaccine must have been administered **at least 28 calendar days after the 1st dose**.
- In lieu of immunization, written evidence of laboratory tests showing immunity to measles, mumps, and rubella is acceptable. Attach written proof to the Certificate or record test results and dates in the boxes above.

TO THE BEST OF MY KNOWLEDGE, THE PERSON NAMED ABOVE HAS RECEIVED THE IMMUNIZATIONS REQUIRED FOR SCHOOL/CHILD CARE ENTRY

DO NOT SIGN THESE IMMUNIZATIONS HAVE BEEN ADMINISTERED

Signed _____ Title _____ Date _____
(Physician, nurse or school health authority)

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW (DECLARACIÓN RESPECTO A LAS EXENCIONES DE LA LEY DE VACUNACIÓN)

IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM SCHOOL AND TO QUARANTINE. SI SE PRESENTA UN BROTE DE LA ENFERMEDAD, ES POSIBLE QUE A LAS PERSONAS EXENTAS SE LES PONGA EN CUARENTENA O SE LES EXCLUYA DE LA ESCUELA.

MEDICAL EXEMPTION: The physical condition of the above named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions.
EXENCIÓN POR RAZONES MÉDICAS: El estado de salud de la persona arriba citada es tal que la vacunación significa un riesgo para su salud o incluso su vida; o bien, las vacunas están contraindicadas debido a otros problemas de salud.

*Medical exemption to the following vaccine(s):
La exención por razones médicas aplica a la(s) siguiente(s) vacuna(s):*

Signed (Firma) _____ Date (Fecha) _____
Physician (Médico)

RELIGIOUS EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a religious belief opposed to immunizations.
EXENCIÓN POR MOTIVOS RELIGIOSOS: El padre o tutor de la persona arriba citada, o la persona misma, pertenece a una religión que se opone a la inmunización.

*Religious exemption to the following vaccine(s):
Exención por motivos religiosos de la(s) siguiente(s) vacuna(s):*

Signed (Firma) _____ Date (Fecha) _____
Parent, guardian, emancipated student or student 18 years and older
(Padre, tutor, estudiante emancipado o estudiante de 18 años y mayor)

PERSONAL EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a personal belief opposed to immunizations.
EXENCIÓN POR CREENCIAS PERSONALES: Las creencias personales del padre o tutor de la persona arriba citada, o la persona misma, se oponen a la inmunización.

*Personal exemption to the following vaccine(s):
Exención por creencias personales de la(s) siguiente(s) vacuna(s):*

Signed (Firma) _____ Date (Fecha) _____
Parent, guardian, emancipated student or student 18 years and older
(Padre, tutor, estudiante emancipado o estudiante de 18 años y mayor)

Colorado Immunization Manual

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SECTION-PAGE: 3-31

SUBJECT: CERTIFICATE OF IMM. FOR COLLEGE STUDENTS—BACK

Information Regarding MENINGOCOCCAL DISEASE

For all public or nonpublic postsecondary education institutions in Colorado, the state law requires that each incoming freshman student residing in student housing, as defined by the institution, or any student who the institution requires to complete and return a standard certificate indicating immunizations received by the student as a requirement for residing in student housing, be provided with the information below. *If the student is under the age of 18 years, the student's parent or guardian must be provided with this information.*

- ◆ **Meningococcal disease is a serious disease**, caused by a bacteria.
- ◆ **Meningococcal disease is a contagious, but a largely preventable, infection of the spinal cord fluid and the fluid that surrounds the brain.** Meningococcal disease can also cause blood infections.
- ◆ About 2,600 people get meningococcal disease each year in the United States; 10 to 15 percent of these people die, in spite of treatment with antibiotics. Of those who live, another 10 percent lose their arms or legs, become deaf, have problems with their nervous system, become mentally retarded, or suffer seizures or strokes.
- ◆ Anyone can get meningococcal disease, but it is most common in infants less than one year of age and in people with certain medical conditions. **Scientific evidence suggests that college students living in dormitory facilities are at a modestly increased risk of contracting meningococcal disease.**
- ◆ **Immunization against meningococcal disease decreases the risk of contracting the disease.** Meningococcal vaccine can prevent four types of meningococcal disease; these include two of the three most common in the United States. Meningococcal vaccine cannot prevent all types of the disease, but it does help to protect many people who might become sick if they do not get the vaccine.
- ◆ A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of the meningococcal vaccine causing serious harm, or death, is extremely small. Getting a meningococcal vaccine is much safer than getting the disease.
- ◆ More information can be obtained from the Vaccine Information Statement available at www.cdc.gov/vaccines/pubs/vis/default.htm. Students and their parents should discuss the risks and benefits of vaccination with their health care providers.

To receive the immunization against meningococcal disease, students should check with their own health care provider or their local health department (for a list of the local public health agencies in Colorado, go to www.cdphe.state.co.us/oll/localist.html). The institution itself may offer the vaccine at special clinics held at the beginning of the school year or may know of other nearby locations.

Each institution must require each new student who has not received a vaccination against meningococcal disease, or, if the new student is under the age of 18 years, the student's parent or guardian, to check a box and sign (see below) to indicate that the signor has reviewed the information on meningococcal disease and has decided that the new student will not obtain a vaccination against meningococcal disease.

Please check to indicate that you have reviewed the information on meningococcal disease and have decided that the student will not obtain a vaccination against meningococcal disease.

Date: _____

Signature (student or parent/guardian, if student is under the age of 18 years): _____

Print Name of Student: _____

Date of Birth: _____

Student ID: _____