



# VACCINE ADMINISTRATION RECORD

INFORMATION ABOUT PERSON TO RECEIVE VACCINE (PLEASE PRINT)					
Medicaid #:			Parent/Guardian Email		
Mother's Maiden Name			Patient/Parent/Guardian Cell Phone		
Patient Name <i>Last</i>		<i>First</i>	<i>MI</i>	Birthdate	Sex
				Race	Ethnicity
					Hispanic Non-Hispanic
Street Address		City		County	State
					Zip

PATIENT ELIGIBILITY STATUS					
<b>VFC (18 or under):</b> Uninsured    Medicaid    Alaska Native/American Indian    Underinsured ( <i>Insurance does not cover Immunizations</i> )					
<b>CHIP (18 or under):</b> CHIP					
<b>State Pediatric (18 or under):</b> Private Insurance ( <i>Insurance covers Immunizations</i> )					
<b>State Adult (19 or older):</b> Self Pay    Insurance Billed    State Funded Special Initiative					
<b>317 Special Initiative (19 or older)</b> Uninsured    Underinsured    Private Insurance ( <i>Written guidance issued</i> )    Priority Population _____					
Clinic Code _____ Clinic Name _____ Date Vaccinated and VIS Issued _____					

Vaccine(s) Administered		Manufacturer and Lot Number	NDC	Injection Site	Route	VIS Revision Date
DTaP	DTaP/IPV	DTaP/IPV/Hib				
DTaP/IPV/Hib/Hep B		DTaP/IPV/Hep B				
IPV						
MMR		MMR-V				
Hib						
Hep B						
Varicella						
PCV		PPSV23				
Hep A						
Rotavirus						
HPV-9						
Meningococcal MCV		Meningococcal B				
Td		Tdap				
COVID						
Influenza						
RSV						
Other, Specify _____						
Other, Specify _____						
Other, Specify _____						

Prior to administration of the vaccine(s) checked above a copy of the Vaccine Information Statement for each vaccine was provided to the client or representative of the child to whom the vaccine was administered. The client or their representative

Prior to administration of the vaccine(s) checked above, a copy of the Vaccine Information Statement for each vaccine was provided to me. I was given the opportunity to ask questions regarding the vaccine(s) and agree to its administration.

\_\_\_\_\_  
Signature of Vaccine Administrator / Title / Time

\_\_\_\_\_  
Signature of Vaccine Recipient, their Parent or Representative

**MISSISSIPPI STATE DEPARTMENT OF HEALTH  
FORM INSTRUCTIONS**

**VACCINE ADMINISTRATION RECORD**

**FORM NUMBER** F-912  
**REVISION DATE** 12/17/2023  
**RETENTION PERIOD** Must be retained for minors less than 21 years of age until their 28<sup>th</sup> birthday, or 10 years, whichever is longer. For adults 21 years of age and older, the form must be retained for 10 years after the last service.

**PURPOSE**

To document the immunizations administered to clients and their personal information.  
To ensure appropriate Vaccine Information Statements are issued to clients or legal representatives.

**INSTRUCTIONS**

A vaccine administrator must complete the Vaccine Administration Record (Form 912) after the client or legal representative agrees to the contents of the Vaccine Information Statements (VIS) on each visit, all immunizations are recorded on the form.

All form sections except the required signatures should be completed electronically. Eligibility should be indicated on all clients. The clinic code should be entered in the space provided. The date vaccinated and the revision date of the Vaccine Information Statements (VIS) issued is to be entered in the space provided.

The vaccine administrator should check the appropriate boxes to indicate the vaccine(s) administered on each visit. The manufacturer's name, the vaccine lot number, the site of injection, and the revision date of each Vaccine Information Statement (VIS) must be recorded in the spaces indicated. To ensure a Vaccine Information Statement for each vaccine administered was issued to the client or legal representative, the signature and title of the vaccine administrator must be included on the signature line of the form.

The recipient, parent, or their representative must sign to confirm Vaccine Information Statement(s) were issued, questions regarding vaccines were answered, and that there was an agreement prior to the administration of the any vaccines.

**OFFICE MECHANICS AND FILING**

The Vaccine Administration Record (Form 912) must be filed in an accessible location in the clinic where the vaccine is administered. If the vaccine(s) administration location is non-traditional, the Form 912 must be filed in the clinic where the permanent record will reside.