



Tick Required Box

Vaccines Required	PAID	FREE	LCC Funded	Site	Office Use Only (DOSE-please circle)		
<input type="checkbox"/> <b>Adacel® or Boostrix®</b> (Diphtheria, Tetanus, Pertussis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LA RA	1	2	3
<input type="checkbox"/> <b>Bexsero</b> (Meningococcal B) Med @ Risk (2 doses required – 2 months apart)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LA RA	1	2	
<input type="checkbox"/> <b>Avaxim® or Vaqta®</b> (Adult Hepatitis A) (2 doses required – 6 months apart)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LA RA	1	2	
<input type="checkbox"/> <b>EngerixB® or HB Vax II®</b> (Adult Hepatitis B) (3 doses required @ 0, 1 & 6 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LA RA	1	2	3
<input type="checkbox"/> <b>Gardasil 9®</b> (Human Papilloma Virus) (3 doses required @ 0, 2 & 6 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LA RA	1	2	3
<input type="checkbox"/> <b>Influenza - Brand:</b> _____ (Multiple Brands Available – please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LA RA	1		
<input type="checkbox"/> <b>IPOL®</b> (Inactivated Polio) (Primary course: 3 doses required 1 month apart)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LA RA	1	2	3
<input type="checkbox"/> <b>Menactra® or Nimenrix®</b> (Meningococcal A,C,W,Y)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LA RA	1		
<input type="checkbox"/> <b>Prevenar13</b> (Pneumococcal) Med @ Risk Refer to NIP Clinical Decision Tree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LA RA	1		
<input type="checkbox"/> <b>Pneumovax 23®</b> (Pneumococcal) Med @ Risk (Please check AIR for previous vax prior to giving) Refer to NIP Pneumococcal Clinic Decision Tree.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LA RA	1	2	Previously given?
<input type="checkbox"/> <b>Priorix® or MMR II®</b> (Measles, Mumps & Rubella) (Free if born after 1966) (2 doses required @ 1 month apart)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LA RA	1	2	
<input type="checkbox"/> <b>Twinrix®</b> (Adult Hepatitis A & B) (3 does required @ 0, 1 & 6 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LA RA	1	2	3
<input type="checkbox"/> <b>Varivax® or Varilrix®</b> (Varicella) (2 doses required @ 1 month apart)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LA RA	1	2	
<input type="checkbox"/> <b>Zostavax®</b> (Shingles) (Free for those 70-79 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LA RA	1		Immuno-compromised?

OTHER: \_\_\_\_\_

NOTES:

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Office Use Only

The person being vaccinated:

- Was given the opportunity to discuss the risks and benefits of the vaccination.  Yes

Nurse Name & Signature: \_\_\_\_\_ Date: \_\_\_\_\_

