

"It's My Healthcare" is an educational initiative to help you understand how to partner with your physician to get the best health care possible for you and your family.

Immunizations are not just for kids. Adults need to be immunized against illnesses, too.

Having a lifelong record of your immunizations is a valuable tool for the health care professionals who see you. Use this brochure to record information about your immunizations. Bring it to each doctor visit and ask your health care provider to keep it up to date.

For more information, visit
www.westchestergov.com/itsmyhealthcare

Westchester
gov.com

Andrew J. Spano, Westchester County Executive
County Board of Legislators

Joshua Lipsman, MD, JD, MPH
Commissioner of Health

Thanks to the many representatives from Westchester's hospitals and health care centers and to the medical professionals who contributed to the development of "It's My Healthcare."

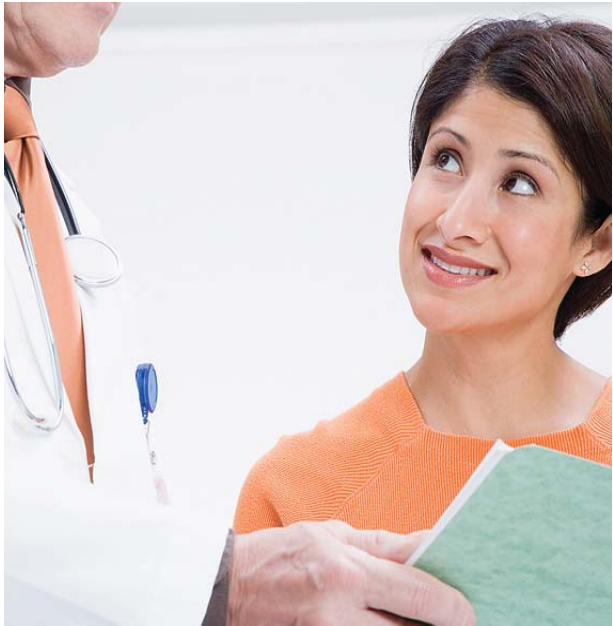
Know how to get the best health care

Shot records for adults



*It's my health***care**

A joint initiative of Westchester County
and representatives of the county's medical community



When you visit the doctor, ask your doctor to complete and review this form to ensure your vaccines are up-to-date.

Vaccine Administration Record for Adults

Patient name: _____

Birthdate: _____

Chart number: _____

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	Type of Vaccine ¹ (generic abbreviation)	Date given (mo/day/yr)	Source (F,S,P) ²	Site ³	Vaccine		Vaccine Information Statement		Signature/ initials of vaccinator
					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Tetanus, Diphtheria, (Pertussis) (e.g., Td, Tdap) Give IM.									
Hepatitis A⁵ (e.g., HepA, HepA-HepB) Give IM.									
Hepatitis B⁵ (e.g., HepB, HepA-HepB) Give IM.									
Human Papillomavirus (HPV) Give IM.									
Measles, Mumps, Rubella (MMR) Give SC.									
Varicella (Var) Give SC.									
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 IN.									
Other									
Other									

- Record the generic abbreviation for the type of vaccine given (e.g., PPV, HepA-HepB), *not* the trade name.
- Record the source of the vaccine given as either F (Federally-supported), S (State-supported), or P (supported by Private insurance or other Private funds).

- Record the site where vaccine was administered as either RA (Right Arm), LA (Left Arm), RT (Right Thigh), LT (Left Thigh), IN (Intranasal).
- Record the publication date of each VIS as well as the date it is given to the patient.
- For combination vaccines, fill in a row for each separate antigen in the combination.