

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

Protecting your child against childhood diseases is one of the most important things a parent can do. Immunizations protect your child and the health of others around him or her. Vaccines are generally safe and effective and cause few or no side effects.

Use this brochure to record information about the immunizations that your child or teen receives. Bring it to each doctor visit, and ask your doctor to review it to ensure your child's vaccines are up-to-date. You may also want to give a copy to your child or teen to take to college or camp, so he or she can begin to take charge of his or her own health.

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



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

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Thanks to the many representatives from Westchester's hospitals and healthcare 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 children & teens



It's my healthcare

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

Vaccine Administration Record for Children and Teens

Patient name: _____

Birthdate: _____

Chart number: _____



When your child visits the doctor, ask your doctor to review and complete this chart to ensure your child's vaccines are up-to-date.

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	
Hepatitis B⁵ (e.g., HepB, Hib-HepB, DTaP-HepB-IPV) Give IM.									
Diphtheria, Tetanus, Pertussis⁵ (e.g., DTaP, DTaP-Hib, DTaP-HepB-IPV, DT, Tdap, Td) Give IM.									
Haemophilus influenzae type b⁵ (e.g., Hib, Hib-HepB, DTaP-Hib) Give IM.									
Polio⁵ (e.g., IPV, DTaP-HepB-IPV) Give IPV SC or IM. Give DTaP-HepB-IPV IM.									
Pneumococcal (e.g., PCV, conjugate; PPV, polysaccharide) Give PCV IM. Give PPV SC or IM.									
Rotavirus (Rv) Give oral (po).									
Measles, Mumps, Rubella⁵ (e.g., MMR, MMRV) Give SC.									
Varicella⁵ (e.g., Var, MMRV) Give SC.									
Hepatitis A (HepA) Give IM.									
Meningococcal (e.g., MCV4; MPSV4) Give MCV4 IM and MPSV4 SC.									
Human papillomavirus (e.g., HPV) Give IM.									
Influenza⁵ (e.g., TIV, inactivated; LAIV, live attenuated) Give TIV IM. Give LAIV IN.									
Other									

1. Record the generic abbreviation for the type of vaccine given (e.g., DTaP-Hib, PCV), *not* the trade name.
2. 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).

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