



Pediatric Associates

185 Webster Street
Lewiston, Maine 04240
(207) 784-5782

PATIENT Bortner, Cassidy D.O.B. 2/4/99

Vaccine Administration Record

"I have read, or have had explained to me information about the diseases and the vaccines listed below. I believe I understand the benefits and risks of the vaccines cited, and ask that the vaccine(s) listed below be given to me or to the person named below for whom I am authorized to make this request." ↓

VACCINE	Date Given	Vaccine Manufacturer	Vaccine Lot Number	Site Given	Initials of Vaccine Administrator*	Signature of Parent or Guardian
DTP 1						
DTP 2						
DTP 3						
DTP/DTaP 4	5/9/00	SK	919A2	RAE	MR	Amanda Bortner
DTP/DTaP 5						
OPV/IPV 1						
OPV/IPV 2						
OPV/IPV 3						
OPV/IPV 4						
MMR 1	5/9/00	MSD		LA	MR	Amanda Bortner
MMR 2						
Hib 1	8/10					
Hib 2						
Hib 4	8/10/00	Merck	08745	RA	AB	*Amanda Bortner
Hib 3	5/9/00	Merck	08745	RAE	MR	Amanda Bortner
DT						
Td						
Hep B 1						
Hep B 2						
Hep B 3						
Varivax	8/10/00	Merck	16885	LA	AB	*Amanda Bortner
MONO-VACC						
MONO-VACC						

*Signature of Vaccine Administrator

_____ MR Anne Kay Lee

Use reverse side if more signatures are needed.