

Please review the instructions and examples below. Then complete the "Shot Grid" on the next page.

Refer to your vaccination records for the child named on the labels on the front cover and next page of this form.

- ▶ Be sure to mark the box for the correct combination vaccine for each dose as shown in the example below. If the combination included both DTaP and Hib, or HepB and Hib, be sure to enter the information in both vaccine categories. Note that the same vaccine (a combination DTaP-Hib vaccine) is entered under both DTaP and Hib in the example below.

EXAMPLE

Vaccine	Date Given	Given by other practice?	Type of Vaccine			
DTaP	1	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 10%;">11</td> <td style="width: 10%;">20</td> <td style="width: 10%;">2010</td> </tr> </table> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11	20	2010	<div style="text-align: center;"><i>Mark one box for each vaccine dose</i></div> <input type="checkbox"/> DTaP/DTP <input type="checkbox"/> DTaP-Hib <input checked="" type="checkbox"/> DTaP-HepB-IPV ^a <input type="checkbox"/> DTaP-IPV-Hib ^b
	11	20	2010			
2	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 10%;">11</td> <td style="width: 10%;">18</td> <td style="width: 10%;">2011</td> </tr> </table> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	11	18	2011	<input type="checkbox"/> DTaP/DTP <input checked="" type="checkbox"/> DTaP-Hib <input type="checkbox"/> DTaP-HepB-IPV ^a <input type="checkbox"/> DTaP-IPV-Hib ^b <small>^aPediarix ^bPentacel</small>	
11	18	2011				
Hib	1	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 10%;">11</td> <td style="width: 10%;">20</td> <td style="width: 10%;">2010</td> </tr> </table> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11	20	2010	<div style="text-align: center;"><i>Mark one box for each vaccine dose</i></div> <input checked="" type="checkbox"/> Merck ^a <input type="checkbox"/> sanofi ^b <input type="checkbox"/> GSK ^c <input type="checkbox"/> HepB-Hib <input type="checkbox"/> DTaP-Hib <input type="checkbox"/> DTaP-IPV-Hib ^d <input type="checkbox"/> HibMenCY
	11	20	2010			
2	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 10%;">11</td> <td style="width: 10%;">18</td> <td style="width: 10%;">2011</td> </tr> </table> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	11	18	2011	<input type="checkbox"/> Merck ^a <input type="checkbox"/> sanofi ^b <input type="checkbox"/> GSK ^c <input type="checkbox"/> HepB-Hib <input checked="" type="checkbox"/> DTaP-Hib <input type="checkbox"/> DTaP-IPV-Hib ^d <input type="checkbox"/> HibMenCY <small>^aPedvaxHIB®, PRP-OMP ^bActHIB®, PRP-T ^cHiberix®, booster, PRP-T ^dPentacel</small>	
11	18	2011				

- ▶ Be sure to mark the "Yes" or "No" box under "Given by other practice?" for each vaccination (see example above).
- ▶ Be sure to mark the "Yes" or "No" box indicating "Given at birth?" for the first Hep B dose (see example below).

Vaccine	Date Given	Given by other practice?	Type of Vaccine			
Hepatitis B	1	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 10%;">7</td> <td style="width: 10%;">19</td> <td style="width: 10%;">2010</td> </tr> </table> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7	19	2010	<div style="text-align: center;"><i>Mark one box for each vaccine dose</i></div> <input checked="" type="checkbox"/> HepB Only <input type="checkbox"/> HepB-Hib <input type="checkbox"/> DTaP-HepB-IPV ^a
	7	19	2010			
<i>Dose 1 given at birth?</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> HepB Only <input type="checkbox"/> HepB-Hib <input type="checkbox"/> DTaP-HepB-IPV ^a <small>^aPediarix</small>				
2	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table> <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> HepB Only <input type="checkbox"/> HepB-Hib <input type="checkbox"/> DTaP-HepB-IPV ^a	

- ▶ Use the "Other" space to enter any vaccines not listed on the next page or any additional doses of listed vaccines that were given to this child (see example below).

Vaccine	Date Given	Given by other practice?	Type of Vaccine				
Other	1	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 10%;">11</td> <td style="width: 10%;">20</td> <td style="width: 10%;">2011</td> </tr> </table> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11	20	2011	Please enter a description of each vaccine dose. <table border="1" style="width: 100%; height: 20px; margin-top: 5px;"> <tr> <td style="text-align: center;">BCG</td> </tr> </table>	BCG
	11	20	2011				
BCG							
2	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table> <input type="checkbox"/> Yes <input type="checkbox"/> No						

- ▶ After completing the "Shot Grid" on the next page, please return this form in the envelope provided. (Optional) You may also attach a copy of your immunization history records for this child to this form and send it back to NORC at the University of Chicago, National Immunization Survey, 55 East Monroe Street, 19th Floor, Chicago IL 60603. If you choose this option, please answer all questions on page 1.

Or you may fax the confidential information to (866) 324-8659. If faxing this form, cut along fold to separate pages, then fax pages 1 and 3. Do not fax this page.

Vaccine	Date Given			Given by other practice?	Type of Vaccine			
	Month	Day	Year		Mark one box for each vaccine dose			
Hepatitis B	1			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> HepB Only	<input type="checkbox"/> HepB-Hib	<input type="checkbox"/> DTaP-HepB-IPV ^a	
	<i>Dose 1 given at birth?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No							
	2			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> HepB Only	<input type="checkbox"/> HepB-Hib	<input type="checkbox"/> DTaP-HepB-IPV ^a	
	3			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> HepB Only	<input type="checkbox"/> HepB-Hib	<input type="checkbox"/> DTaP-HepB-IPV ^a	
	4			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> HepB Only	<input type="checkbox"/> HepB-Hib	<input type="checkbox"/> DTaP-HepB-IPV ^a	
<small>^aPediarix</small>								
DTaP	Mark one box for each vaccine dose							
	1			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> DTaP/DTP	<input type="checkbox"/> DTaP-Hib	<input type="checkbox"/> DTaP-HepB-IPV ^a	<input type="checkbox"/> DTaP-IPV-Hib ^b
	2			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> DTaP/DTP	<input type="checkbox"/> DTaP-Hib	<input type="checkbox"/> DTaP-HepB-IPV ^a	<input type="checkbox"/> DTaP-IPV-Hib ^b
	3			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> DTaP/DTP	<input type="checkbox"/> DTaP-Hib	<input type="checkbox"/> DTaP-HepB-IPV ^a	<input type="checkbox"/> DTaP-IPV-Hib ^b
	4			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> DTaP/DTP	<input type="checkbox"/> DTaP-Hib	<input type="checkbox"/> DTaP-HepB-IPV ^a	<input type="checkbox"/> DTaP-IPV-Hib ^b
	5			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> DTaP/DTP	<input type="checkbox"/> DTaP-Hib	<input type="checkbox"/> DTaP-HepB-IPV ^a	<input type="checkbox"/> DTaP-IPV-Hib ^b
<small>^aPediarix ^bPentacel</small>								
Hib	Mark one box for each vaccine dose							
	1			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Merck ^a	<input type="checkbox"/> sanofi ^b	<input type="checkbox"/> GSK ^c	<input type="checkbox"/> HepB-Hib <input type="checkbox"/> DTaP-Hib <input type="checkbox"/> DTaP-IPV-Hib ^d <input type="checkbox"/> HibMenCY
	2			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Merck ^a	<input type="checkbox"/> sanofi ^b	<input type="checkbox"/> GSK ^c	<input type="checkbox"/> HepB-Hib <input type="checkbox"/> DTaP-Hib <input type="checkbox"/> DTaP-IPV-Hib ^d <input type="checkbox"/> HibMenCY
	3			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Merck ^a	<input type="checkbox"/> sanofi ^b	<input type="checkbox"/> GSK ^c	<input type="checkbox"/> HepB-Hib <input type="checkbox"/> DTaP-Hib <input type="checkbox"/> DTaP-IPV-Hib ^d <input type="checkbox"/> HibMenCY
	4			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Merck ^a	<input type="checkbox"/> sanofi ^b	<input type="checkbox"/> GSK ^c	<input type="checkbox"/> HepB-Hib <input type="checkbox"/> DTaP-Hib <input type="checkbox"/> DTaP-IPV-Hib ^d <input type="checkbox"/> HibMenCY
	5			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Merck ^a	<input type="checkbox"/> sanofi ^b	<input type="checkbox"/> GSK ^c	<input type="checkbox"/> HepB-Hib <input type="checkbox"/> DTaP-Hib <input type="checkbox"/> DTaP-IPV-Hib ^d <input type="checkbox"/> HibMenCY
<small>^aPedvaxHIB[®], PRP-OMP ^bActHIB[®], PRP-T ^cHiberix[®], booster, PRP-T ^dPentacel</small>								
Polio	Mark one box for each vaccine dose							
	1			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> IPV	<input type="checkbox"/> DTaP-HepB-IPV ^a	<input type="checkbox"/> DTaP-IPV-Hib ^b	<input type="checkbox"/> OPV
	2			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> IPV	<input type="checkbox"/> DTaP-HepB-IPV ^a	<input type="checkbox"/> DTaP-IPV-Hib ^b	<input type="checkbox"/> OPV
	3			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> IPV	<input type="checkbox"/> DTaP-HepB-IPV ^a	<input type="checkbox"/> DTaP-IPV-Hib ^b	<input type="checkbox"/> OPV
	4			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> IPV	<input type="checkbox"/> DTaP-HepB-IPV ^a	<input type="checkbox"/> DTaP-IPV-Hib ^b	<input type="checkbox"/> OPV
<small>^aPediarix ^bPentacel</small>								
Pneumococcal	Mark one box for each vaccine dose							
	1			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Conjugate-7 ^a	<input type="checkbox"/> Conjugate-13 ^b	<input type="checkbox"/> Polysaccharide ^c	
	2			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Conjugate-7 ^a	<input type="checkbox"/> Conjugate-13 ^b	<input type="checkbox"/> Polysaccharide ^c	
	3			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Conjugate-7 ^a	<input type="checkbox"/> Conjugate-13 ^b	<input type="checkbox"/> Polysaccharide ^c	
	4			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Conjugate-7 ^a	<input type="checkbox"/> Conjugate-13 ^b	<input type="checkbox"/> Polysaccharide ^c	
	5			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Conjugate-7 ^a	<input type="checkbox"/> Conjugate-13 ^b	<input type="checkbox"/> Polysaccharide ^c	
	6			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Conjugate-7 ^a	<input type="checkbox"/> Conjugate-13 ^b	<input type="checkbox"/> Polysaccharide ^c	
<small>^aPrevnar[®] (PCV7) ^bPrevnar13[®] (PCV13) ^cPneumovax[®] (PPSV23)</small>								
Rotavirus (RV)	Mark one box for each vaccine dose							
	1			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> RotaTeq [®] – Merck (RV5)			<input type="checkbox"/> Rotarix [®] – GSK (RV1)
	2			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> RotaTeq [®] – Merck (RV5)			<input type="checkbox"/> Rotarix [®] – GSK (RV1)
	3			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> RotaTeq [®] – Merck (RV5)			<input type="checkbox"/> Rotarix [®] – GSK (RV1)
MMR	Mark one box for each vaccine dose							
	1			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> MMR	<input type="checkbox"/> Measles only	<input type="checkbox"/> MMR-Varicella	
	2			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> MMR	<input type="checkbox"/> Measles only	<input type="checkbox"/> MMR-Varicella	
Varicella	Mark one box for each vaccine dose							
	1			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Varicella only	<input type="checkbox"/> MMR-Varicella	<input type="checkbox"/> Child has a history of chickenpox	
	2			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Varicella only	<input type="checkbox"/> MMR-Varicella		
Hepatitis A	Mark one box for each vaccine dose							
	1			<input type="checkbox"/> Yes <input type="checkbox"/> No	Please remember to answer all questions on page 1.			
2			<input type="checkbox"/> Yes <input type="checkbox"/> No					
Seasonal Influenza	Mark one box for each vaccine dose							
	1			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inactivated Influenza Vaccine (IIV) ^a	<input type="checkbox"/> Live Attenuated Influenza Vaccine (LAIV) ^b		
	2			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inactivated Influenza Vaccine (IIV) ^a	<input type="checkbox"/> Live Attenuated Influenza Vaccine (LAIV) ^b		
	3			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inactivated Influenza Vaccine (IIV) ^a	<input type="checkbox"/> Live Attenuated Influenza Vaccine (LAIV) ^b		
	4			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inactivated Influenza Vaccine (IIV) ^a	<input type="checkbox"/> Live Attenuated Influenza Vaccine (LAIV) ^b		
<small>^aInjected, eg. Fluzone[®] ^bInhaled nasal flu spray, eg. FluMist[®]</small>								
Other	1			<input type="checkbox"/> Yes <input type="checkbox"/> No	} Please enter a description of each vaccine dose.			
	2			<input type="checkbox"/> Yes <input type="checkbox"/> No				
	3			<input type="checkbox"/> Yes <input type="checkbox"/> No				

If you need more space to report vaccines, please attach additional sheets.

Thank you!



Centers for Disease Control and Prevention

U.S. Department of Health and Human Services

Thank you for your help with this important study!

If you would like more information about the National Center for Immunization and Respiratory Diseases, including information about vaccine recommendations, or data and statistics from previous years of the National Immunization Survey, please visit the CDC Vaccines & Immunization website at www.cdc.gov/vaccines.

If you would like more information about the National Immunization Survey, please visit the National Immunization Survey website at www.cdc.gov/vaccines/NIS. If you have any questions or comments about this study, please call (800) 817-4316 or email nis@cdc.gov.

Note: Do NOT send any confidential patient information, such as patient's name or date of birth, in an email message.

Definitions:

Federally Qualified Health Center (FQHC): A Federally Qualified Health Center as defined under section 1905(l)(2) of the Social Security Act. FQHCs receive grants under Section 330 of the Public Health Service Act. (B) The term "Federally-qualified health center" means an entity which:
(i) is receiving a grant under section 330 of the Public Health Service Act[282],
(ii)(I) is receiving funding from such a grant under a contract with the recipient of such a grant, and
(II) meets the requirements to receive a grant under section 330 of such Act.

Rural Health Clinic (RHC): A Rural Health Clinic as defined under section 1905(l)(1) of the Social Security Act. A Rural Health Clinic (RHC) is a clinic certified to receive special Medicare and Medicaid reimbursement.

FQHC Look-Alike: An organization that meets all of the eligibility requirements of an organization that receives a PHS Section 330 grant, but does not receive grant funding.

Deputization: The formal extension of VFC authority to provide VFC vaccines to eligible underinsured children from a participating FQHC or RHC to another VFC-enrolled provider. Under this arrangement, the deputizing FQHC or RHC retains its full scope of authority as a VFC provider while extending the authority to deputized VFC providers to immunize underinsured children with VFC vaccine.