

Notification of Vaccination

Dear Augusta University Immunizations Department:

We recently provided vaccination services to one of your patients. We want to make certain that you have information about the vaccines we administered so you can update your patient's medical record. Please contact us if you have any questions about this information.

- We provided the patient (or parent) with a written record of the vaccination(s) given.
- We entered information about the vaccine(s) we administered in the regional immunization information system.

Patient's name: _____ Patient's birthdate: _____

The vaccine(s) we administered on _____ is/are circled below.
Date

Vaccines	
<p>Hepatitis B (Engerix-B; Recombivax HB) Dose (circle one): 0.5 mL 1.0 mL</p> <p>Tdap</p> <p>Td</p> <p>IPV (Polio)</p> <p>MMR</p> <p>Varicella (Varivax)</p> <p>Hepatitis A (Havrix; Vaqta) Dose (circle one): 0.5 mL 1.0 mL</p> <p>HepA-HepB (Twinrix)</p>	<p>Human papillomavirus (HPV) HPV2 (Cervarix) HPV4 (Gardasil)</p> <p>Meningococcal conjugate (MCV4) MCV4-D (Menactra) MCV4-CRM (Menveo)</p> <p>Meningococcal polysaccharide (MPSV4)</p> <p>Zoster (shingles) (Zostavax)</p> <p>Other _____</p> <p>Influenza: Brand _____ Dose (mL) _____ Route _____</p>

Name of clinic providing services	Address	City, State, Zip
Contact person	Email address	Phone number

Signature of staff verifying information: _____ Date: _____