

June 1, 2015

Dear Pharmacists,

The Georgia Department of Public Health is pleased to have you as an adult vaccination site in Georgia. In order to assist you with your vaccination efforts, we have provided information regarding ordering and completion of adult vaccine administration records for your review.

Before administering any vaccines, remember to 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). Always provide or update the patient's personal immunization record card. The Adult Immunization Record card can be accessed and ordered from the Immunization Action Coalition website at: <http://www.immunize.org/shop/record-cards.asp>. Immunization cards are an extremely important part of a patient's medical history. The patient may move to an area without a registry, and the personal record may be the only vaccination record available. Even within a state with a registry, all healthcare providers may not participate in the registry, and the personal record card would be needed to assess the patient's vaccination history and need.

Document the following information on the patient's paper record:

1. The vaccine brand name (it is highly recommended to include manufacturer/lot number).
2. The date the vaccine is administered.
3. The name, office address, and title of the healthcare provider administering the vaccine.
4. Date next vaccine due (if applicable).

Example: (copy attached)

Vaccine	Type of vaccine	Date given mo/day/yr	Healthcare professional or clinic name	Date next dose due
Hepatitis B (HepB, HepA-HepB)	HepB	05/09/2015	Jane Smith, RN	05/09/2015
Hepatitis A (HepA, HepA-HepB)				
If combo				
Measles, Mumps, Rubella (MMR)				
Varicella (VAR) (chickenpox)				
Zoster (shingles)				
Tetanus, Diphtheria, Pertussis (whooping cough) (Td, Tdap)	Tdap adacel	05/09/2015	Jane Smith, RN	n/a

**ADULT IMMUNIZATION RECORD**

Always carry this record with you and have your healthcare professional or clinic keep it up to date.

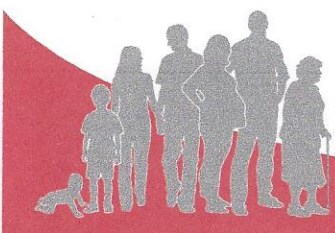
**Thomas, Robert**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ M.I. \_\_\_\_\_

Birthdate:  -  -   
(mo.) (day) (yr.)

Patient Number:

Immunization Action Coalition • Saint Paul, MN • www.immunize.org  
 To order additional record cards visit www.immunize.org/shop



**Remember**, the Georgia Immunization Registry Law requires reporting by any person who administers a vaccine or vaccines licensed for use by the United States Food and Drug Administration to a person. This data will help providers reduce unnecessary immunizations, reduce the need for manual charts with electronic records, provide more accurate immunization data and allow accurate record keeping for annual reminders and/or recalls. If you need training on how to use our Georgia Immunization Registry, please visit <http://dph.georgia.gov/georgia-immunization-registry-grits> or call the immunization staff at (404) 657-3158.

Thank you,



Brenda Fitzgerald, MD  
Commissioner  
Georgia Department of Public Health



