

2 Peachtree Street NW, 15th Floor Atlanta, Georgia 30303-3142 www.health.state.ga.us

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: <a href="http://www.immunize.org/shop/record-cards.asp">http://www.immunize.org/shop/record-cards.asp</a>. 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		Z	7	5		
Hepatitis B	HepB	05/09/2015	Jane Smith, RN	06/09/2015	ā	Number:	00	84.0	7	
(Нерв, Нера-Нерв)					Too	-	Birthdate:	ast name	Thoma	■ 書
					nization		Et e		S	Always ca healthcare
Hepatitis A	<del> </del>				Immunication Action Coalition To order additional record	00005	7 -e			
(HepA, HepA-Hep8)					N N	534	0)2		Robert	Of this
If combo					calition	12	1		e l	500
Measles, Mumps,								7	3	rry this record professional or
Rubella (MWR)	-				Saint Paul, ards, visit v		量に			C M
Varicella (VAR) (chickenpox)				-	* 2					200
Zoster (shingles)	<del>                                     </del>	<b> </b>			988		1	name		you and cleep it
Tetanus,	rdap	05/09/2015	Jane Smith, RN	n/a	THE THE		00	7.5		45
Diphtheria,	adacel				inni.		01 8 01 8			ह के
Pertussis (whooping cough)		-			www.immunite.org			-		A P
(Td, Tdap)		1			- G					in -
								区		have your up to date.



**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 <a href="http://dph.georgia.gov/georgia-immunization-registry-grits">http://dph.georgia.gov/georgia-immunization-registry-grits</a> or call the immunization staff at (404) 657-3158.

Thank you,

Brenda Fitzgerald, MD

Commissioner

Georgia Department of Public Health

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							cord												
Date next dose due																			
Healthcare professional or clinic name																			
Date given mo/day/yr																			
Type of vaccine																			
Vaccine	Hepatitis B (HepB, HepA-HepB)			Hepatitis A	(HepA, HepA-HepB)	frombo Measles, Mumps, Rubella (MMR) Varicella (VAR) (chickenpox) Zoster (shingles) Pertussis (whooping cough)					(whooping cough)	(1d, 1dap)							

Last name First name M.I.

Medical notes (e.g., allergies, vaccine reactions):

Healthcare provider: List the mo/day/yr for each vaccination given. For combination vaccines, fill in a row for each separate antigen in the combination.

Date next dose due										
Healthcare professional or clinic name										To learn more about vaccines, visit www.immunize.org
Date given mo/day/yr										ore about vaccines,
Type of vaccine										To learn mo
Vaccine	Pneumococcal (PPSV23, PCV13)	Influenza (TIV, LAIV)	·	 Human	Papillomavirus (HPV4 [Gardasil],	HPV2 [Cervarix])	Meningococcal (MCV4 [Menacita, Menveo];	Other		