Center of Procedural Excellence CoPE – Connecticut Children's Medical Center

Vaccine Administration Form

Patient Name: _____

Patient DOB: _____

1. Please have the ordering primary care physician sign the attestation that they have discussed the risk and benefits with the family for the ordered vaccine(s) and that the child has no contraindications to vaccine administration.
2. Please check the box(es) next the vaccine(s) being ordered

Attestation:

I have discussed the risks/benefits of the vaccines ordered below with the patient/caregiver. The patient has no medical contraindications to receiving these vaccines.

Physician Name:_____

Signature:_____

Date:_____

List of available vaccines through CCMC Pharmacy (as of 10/24)

CHECK	VACCINE BRAND	VACCINE GENERIC	
□	ActHib	Hib	
□	Boostrix	Tdap	
□	Enerix-B	Hepatitis B	
□	Flulaval (Quad-Flu)	Influenza 0.5ml	(seasonal)
□	Gardasil 9	HPV 9	
□	Havrix	Hepatitis A	
□	Infanrix	DTaP	
□	IPOL	IPV (Inactivated Polio)	
□	MMR II	MMR	
□	Menveo	MCV4 (Meningitis A/C/Y/W-135)	
□	Pediarix	DTaP/IPV/Hep B	
□	Pentacel	DTaP/IPV/Hib	
□	Vaxelis	DTAP/IPV/HIP/Hep B	
□	Prevnar 13	PCV 13	
□	Rotateq	Rotavirus	
□	Tenivac	Td	
□	Varivax	Varicella	
□	Bexsero	Meningococcal B	
□	Beyfortus	RSV Nirsevimad-alip (>24mo)	
□	Covid	Covid Vaccine	