



Indiana Immunization Coalition (IIC) – Registration and Consent Form

6919 E 10th Street, Suite C, Indianapolis, IN 46219

CLINIC USE ONLY - Note any vaccine refusals next to vaccine name				
Vaccine	VIS	MANUFACTURER/LOT #/ EXP DATE	INJECTION SITE	ROUTE
Dtap <i>6 weeks - 6 years</i>	8/6/21		<input type="checkbox"/> L arm <input type="checkbox"/> R arm <input type="checkbox"/> L thigh <input type="checkbox"/> R thigh	<input type="checkbox"/> IM
Dtap/IPV <i>4 years - 6 years</i>	1/31/25		<input type="checkbox"/> L arm <input type="checkbox"/> R arm <input type="checkbox"/> L thigh <input type="checkbox"/> R thigh	<input type="checkbox"/> IM
Dtap/Hep B/IPV <i>6 weeks-6 years</i>	1/31/25		<input type="checkbox"/> L arm <input type="checkbox"/> R arm <input type="checkbox"/> L thigh <input type="checkbox"/> R thigh	<input type="checkbox"/> IM
Dtap/Hib/IPV <i>6 weeks - 4 years</i>	1/31/25		<input type="checkbox"/> L arm <input type="checkbox"/> R arm <input type="checkbox"/> L thigh <input type="checkbox"/> R thigh	<input type="checkbox"/> IM
Dtap/IPV/Hib/HepB <i>6 weeks - 4 years</i>	1/31/25		<input type="checkbox"/> L arm <input type="checkbox"/> R arm <input type="checkbox"/> L thigh <input type="checkbox"/> R thigh	<input type="checkbox"/> IM
Hep A <input type="checkbox"/> adult 19 years and up <input type="checkbox"/> pediatric 1 year - 18 year	1/31/25		<input type="checkbox"/> L arm <input type="checkbox"/> R arm <input type="checkbox"/> L thigh <input type="checkbox"/> R thigh	<input type="checkbox"/> IM
Hep B (2 dose series) <i>18 years and up</i>	1/31/25		<input type="checkbox"/> L arm <input type="checkbox"/> R arm	<input type="checkbox"/> IM
Hep B (3 dose series) <input type="checkbox"/> adult 20 yrs and up <input type="checkbox"/> pediatric Birth-19 years	1/31/25		<input type="checkbox"/> L arm <input type="checkbox"/> R arm <input type="checkbox"/> L thigh <input type="checkbox"/> R thigh	<input type="checkbox"/> IM
Hib <i>6 weeks - 4 years</i>	8/6/21		<input type="checkbox"/> L arm <input type="checkbox"/> R arm <input type="checkbox"/> L thigh <input type="checkbox"/> R thigh	<input type="checkbox"/> IM
HPV <i>9 years - 45 years</i>	8/6/21		<input type="checkbox"/> L arm <input type="checkbox"/> R arm	<input type="checkbox"/> IM
Influenza <i>6 mos and up High Dose - 65years & up</i>	1/31/25		<input type="checkbox"/> L arm <input type="checkbox"/> R arm <input type="checkbox"/> L thigh <input type="checkbox"/> R thigh	<input type="checkbox"/> IM
MCV4 <i>1st dose: 10-15 years 2nd dose: 16 and up</i>	1/31/25		<input type="checkbox"/> L arm <input type="checkbox"/> R arm	<input type="checkbox"/> IM
Men B <i>16 years - 23 years Bexsero / Trumenba</i>	1/31/25		<input type="checkbox"/> L arm <input type="checkbox"/> R arm	<input type="checkbox"/> IM
MMR <i>1 year - 64 years</i>	1/31/25		<input type="checkbox"/> L arm <input type="checkbox"/> R arm <input type="checkbox"/> L thigh <input type="checkbox"/> R thigh	<input type="checkbox"/> SC
MMRV <i>3 years - 12 years</i>	1/31/25		<input type="checkbox"/> L arm <input type="checkbox"/> R arm <input type="checkbox"/> L thigh <input type="checkbox"/> R thigh	<input type="checkbox"/> SC
Pneumococcal <i>6 weeks - 4 years 50 years and up</i>	5/12/23		<input type="checkbox"/> L arm <input type="checkbox"/> R arm <input type="checkbox"/> L thigh <input type="checkbox"/> R thigh	<input type="checkbox"/> IM
Polio <i>6 weeks and up</i>	1/31/25		<input type="checkbox"/> L arm <input type="checkbox"/> R arm <input type="checkbox"/> L thigh <input type="checkbox"/> R thigh	<input type="checkbox"/> IM <input type="checkbox"/> SC
Rotavirus <i>6 weeks - 8 mos.</i>	10/15/21			<input type="checkbox"/> PO
RSV <i>Infants - 19 mos. 60 years and up</i>	1/31/25		<input type="checkbox"/> L arm <input type="checkbox"/> R arm <input type="checkbox"/> L thigh <input type="checkbox"/> R thigh	<input type="checkbox"/> IM
Tdap <i>7 years and up</i>	1/31/25		<input type="checkbox"/> L arm <input type="checkbox"/> R arm	<input type="checkbox"/> IM
Varicella <i>1 year and up</i>	1/31/25		<input type="checkbox"/> L arm <input type="checkbox"/> R arm <input type="checkbox"/> L thigh <input type="checkbox"/> R thigh	<input type="checkbox"/> SC
Zoster <i>50 years and up</i>	2/4/22		<input type="checkbox"/> L arm <input type="checkbox"/> R arm	<input type="checkbox"/> IM
Covid-19 <i>6 mos - 11 yr (peds) 12 years and up (adult)</i>	1/31/25		<input type="checkbox"/> L arm <input type="checkbox"/> R arm <input type="checkbox"/> L thigh <input type="checkbox"/> R thigh	<input type="checkbox"/> IM

VACCINATOR NAME AND CREDENTIALS: _____ DATE: _____ (Revised 02/11/2025 SJ)