

**Patient ID Area**

Date Hepatitis B Antibody+ \_\_\_\_/\_\_\_\_/\_\_\_\_

## ESRD Patient Vaccination Record

Vaccination	Date	Product/ Manufacturer	Dose	Route	Site	Vaccine Lot Number	Expiration Date	Nurse Signature
Hepatitis B								
Hepatitis B								
Hepatitis B								
Hepatitis B								
<b>Influenza</b>								
Influenza								
Influenza								
Influenza								
<b>Pneumococcal</b>								
Pneumococcal								
Pneumococcal								
<b>Other - List Type</b>								

**Vaccination:** Vaccination type  
**Date:** Date vaccination administered  
**Product/Manufacturer:** Brand name or manufacturer  
**Dose:** Dose of vaccine administered  
**Route (of injection):** Intramuscular (IM), subcutaneous (SQ)

**Site:** Shot administration location, i.e., left-right deltoid (LA) (RA)  
**Vaccine Lot Number:** Manufacturer's lot number  
**Expiration Date:** Expiration date of vaccine  
**Nurse Signature:** Nurse administering vaccine