In-Office Medication & Immunization Administration Downtime Form

PATIENT INFORMATION	
Last Name	First Name
Date of Birth	MRN

ORDER INFORMATION	
Ordering Provider	Performed By
Documented By	Performing Location
Date Performed	Time Performed

IN-OFFICE MEDICATION/ IMMUNIZATION	
Name	Dose
Route	Site
Amount Given	Waste
NDC	Lot Number
Expiration Date	Manufacturer
Med/Imm Charge	Admin Charge
Funding Source	Vaccine for Children
☐ Not Given	
Exception: ☐Refuse- Do not give ☐ Contraindicated ☐Unnecessary	
Exception Reason: ☐Already had disease ☐Expectation Not Necessary ☐Vaccine Storage	
Comments	