

Daniel P. (“Potential”) Disease and the Vaccine Vacancy



Name: _____

Instructions: Look at part of this child’s record. Then answer the questions below it.

| Column 1 | 2 | 3 | 4 | 5 | 6a & 6b | | 7a & 7b | | 8 |
|-------------------------|-----------------|------------|-------|------------|---------|------|-------------------------------------|------------|------------------------|
| Vaccine | Type of vaccine | Date given | Route | Site given | Vaccine | | Vaccine Information Statement (VIS) | | Initials of vaccinator |
| | | | | | Lot # | Mfr. | Date on VIS | Date given | |
| Varicella (Chicken pox) | | | | | | | | | |

Adapted from Immunization Action Coalition. www.immunize.org/catg.d/p2022b.pdf.

1. Why might all of the columns be empty? Place a checkmark (✓) next to all the statements that make sense.

_____ The healthcare provider forgot to fill in the record.

_____ He has had the disease already.

2. Read the information below. Then fill in Daniel P. Disease’s record correctly. Make up any numbers and other information you may still need.

The type of vaccine used is known as “Var.” The route for this vaccine is subcutaneous.

3. Instead of vaccine information, what might a healthcare provider write if Daniel has had the chicken pox?
