Print AVERY 5164 Label (3 1/3 inch X 4 inch rectangle)

Vaccine: ☐ VFC ☐ PRIVATE	Vaccine: \square	VFC ☐ PRIVATE
Injection Site: ☐ RA ☐ LA ☐ IM ☐ SC	Injection Site: \square RA \square LA \square IM \square SC	
Manufacturer:	Manufacturer:	
Manufacturer: Exp Date:	Lot #: Exp Date:	
Administered by:	Administered by:	
Vaccine: ☐ VFC ☐ PRIVATE	Vaccine:	VFC □ PRIVATE
Injection Site: ☐ RA ☐ LA ☐ IM ☐ SC	Injection Site: \square RA \square LA \square IM \square SC	
Manufacturer:	Manufacturer:	
Lot #: Exp Date:	Lot #: Exp Date:	
Administered by:	Administered by:	
Vaccine: □ VFC □ PRIVATE	Vaccine:	
Injection Site: ☐ RA ☐ LA ☐ IM ☐ SC	Injection Site: ☐ RA ☐ LA ☐ IM ☐ SC	
Manufacturer:	Manufacturer:	
Lot #: Exp Date:	Lot #: Exp Date:	
Administered by:	Administered by:	
Vaccine: □ VFC □ PRIVATE	Vaccine:	
Injection Site: RA LA IM SC	Injection Site: RA LA IM SC	VIC - FRIVAIL
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Manufacturer:	Manufacturer: Exp Date:	
Administered by:	Administered by:	
Vaccine:	Vaccine:	
Injection Site: RA LA IM SC	Injection Site: RA LA IM SC	VIC LIMIVALE
Manufacturer:	Manufacturer:	
Lot #: Exp Date:	Lot #: Exp Date:	
Administered by:	Administered by:	
Vaccine:	Vaccine: □	
Injection Site: □ RA □ LA □ IM □ SC	Injection Site: RA LA IM SC	VI C - I I I I I I I I I I I I I I I I I
Manufacturer:	Manufacturer:	
Lot #: Exp Date:	Lot #: Exp Date:	
Administered by:	Administered by:	
Vaccine:		
Injection Site: RA LA IM SC		VPC LI PRIVATE
	Injection Site: ☐ RA ☐ LA ☐ IM ☐ SC	
Manufacturer: Exp Date:	Manufacturer: Exp Date:	
Administered by:	Administered by:	
Vaccine:	Vaccine:	VPC LI PRIVATE
Injection Site: RA LA IM SC Manufacturer:	Injection Site: ☐ RA ☐ LA ☐ IM ☐ SC	
Manufacturer:	Manufacturer: Exp Date:	
Administered by:	Administered by:	
Vaccine:	Vaccine:	
Injection Site: □ RA □ LA □ IM □ SC		VIC LITRIVATE
•	Injection Site: ☐ RA ☐ LA ☐ IM ☐ SC	
Manufacturer:	Manufacturer: Exp Date:	
Administered by:	Administered by:	