PhilaVax

Influenza Immunization Reporting Form
2019-2020 - All ages

Department of Public Health
CITY OF PHILADELPHIA

Clinic ID:	Clinic Name:	Phone #:	Date Completed:

Report VFC, VFAAR and Private influenza vaccines on the Reporting Form. Use "Other" for vaccines not listed. Fax completed forms to (215) 238-6944.

Vaccination Date:	DoB:	Last Name:	First Name:	Gender (Circle one): Male Female
Street #:	**Street Name:**	**Unit #:**	**City:**	**State:**	**Zip Code:**

VFC/VFAAR Eligibility (Check one):
- ☐ Is enrolled in Medicaid
- ☐ Does not have health insurance
- ☐ Native American or Alaskan
- ☐ Is under-insured
- ☐ Patient is not VFC-eligible
- ☐ Patient is VFAAR-eligible

Vaccine	Brand Name	Manufacturer	Given?	Quad or Tri?	Lot #
Influenza Injectable	Afluria 6 mos+	Seqirus	☐	Quadrivalent	
	FluLaval 6 mos+	GSK	☐	Quadrivalent	
	Flucelvax 4 yrs+	Seqirus	☐	Quadrivalent	
	Fluzone 6 mos+	Sanofi	☐	Quadrivalent	
Influenza LAIV Quad Nasal	Flumist 2-49 yrs	Medimmune	☐	Quadrivalent	
Influenza Quad Injectable Ped	Fluzone 6-35 mos	Sanofi	☐	Quadrivalent	
Other:			☐		

Vaccine	Brand Name	Manufacturer	Given?	Quad or Tri?	Lot #
Influenza Injectable P-Free	Afluria P-Free, 36mos+	Seqirus	☐	Quadrivalent	
	Fluarix P-Free, 6 mos+	GSK	☐	Quadrivalent	
	Fluzone P-Free, 6 mos+	Sanofi	☐	Quadrivalent	
	FluLaval P-Free, 6 mos+	GSK	☐	Quadrivalent	
	Fluad P-Free, 65 yrs+	Seqirus	☐	Trivalent	
	Flublok P-Free, 16 yrs+	Sanofi	☐	Quadrivalent	
	Flucelvax P-Free, 4 yrs+	Seqirus	☐	Quadrivalent	

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- ☐ Patient is VFAAR-eligible

Vaccine	Brand Name	Manufacturer	Given?	Quad or Tri?	Lot #
Influenza Injectable	Afluria 9 yrs+	Seqirus	☐	Trivalent	
	FluLaval 6 mos+	GSK	☐	Quadrivalent	
	Fluvirin 4 yrs+	Seqirus	☐	Trivalent	
	Fluzone 6 mos+	Sanofi	☐	Quadrivalent	
Influenza LAIV Quad Nasal	Flumist 2-49 yrs	Medimmune	☐	Quadrivalent	
Influenza Quad Injectable Ped	Fluzone 6-35 mos	Sanofi	☐	Quadrivalent	
Other:			☐		

Vaccine	Brand Name	Manufacturer	Given?	Quad or Tri?	Lot #
Influenza Injectable P-Free	Afluria P-Free, 9 yrs+	Seqirus	☐	Trivalent	
	Fluarix P-Free, 36 mos+	GSK	☐	Quadrivalent	
	Fluzone P-Free, 36 mos+	Sanofi	☐	Quadrivalent	
	Fluvirin P-Free, 4 yrs+	GSK	☐	Trivalent	
	Agriflu P-Free, 18 yrs+	Seqirus	☐	Trivalent	
	Flublok P-Free, 16 yrs+	Sanofi	☐	Quadrivalent	
	Flucelvax P-Free, 4 yrs+	Seqirus	☐	Quadrivalent	