



Influenza Vaccine Reporting Form 2021-2022



Report VFC, VFAAR, and private influenza vaccines on this Reporting Form. Use "Other" if the vaccine administered is not listed. Fax to 215-238-6944 or email completed form to philavax@phila.gov

Clinic Name		Clinic ID			Phone Number		Date Completed		
Date	DoB	Last Name			First Name		VFC/VFAAR Eligibility (check one)		
Address		Unit #	City	State	Zip	Gender		<input type="checkbox"/> Is enrolled in Medicaid <input type="checkbox"/> Does not have health insurance <input type="checkbox"/> Native American or Alaskan	<input type="checkbox"/> Is under-insured <input type="checkbox"/> Patient is not VFC-eligible <input type="checkbox"/> Patient is VFAAR-eligible
Vaccine	Brand Name	Manufacturer	Given?	Lot #	Vaccine	Brand Name	Manufacturer	Given?	Lot #
IIV4 (Single-dose syringe)	Fluarix (6 mo+)	GlaxoSmithKline			LAIV (Nasal Spray)	Flumist (2-49 yrs)	AstraZeneca		
	FluLaval (6 mo+)	GlaxoSmithKline			RIV4 (Single-dose vial)	Flublok (18 yrs+)	Sanofi		
	Fluzone (6 mo+)	Sanofi			IIV4 (Multi-dose vial)	Fluzone (6 mo+)	Sanofi		
	Fluzone High Dose (65 yrs+)	Sanofi				Fluzone (6-35 mo)	Sanofi		
	Afluria (6-35 mo)	Seqirus				Fluzone (3 yrs+)	Sanofi		
	Afluria (3 yrs+)	Seqirus				Afluria (6-35 mo)	Seqirus		
	Fluad (65 yrs+)	Seqirus				Afluria (6-35 mo)	Seqirus		
	Flucelvax (2 yrs+)	Seqirus				Flucelvax (2 yrs+)	Seqirus		
Other				Other					
Date	DoB	Last Name			First Name		VFC/VFAAR Eligibility (check one)		
Address		Unit #	City	State	Zip	Gender		<input type="checkbox"/> Is enrolled in Medicaid <input type="checkbox"/> Does not have health insurance <input type="checkbox"/> Native American or Alaskan	<input type="checkbox"/> Is under-insured <input type="checkbox"/> Patient is not VFC-eligible <input type="checkbox"/> Patient is VFAAR-eligible
Vaccine	Brand Name	Manufacturer	Given?	Lot #	Vaccine	Brand Name	Manufacturer	Given?	Lot #
IIV4 (Single-dose syringe)	Fluarix (6 mo+)	GlaxoSmithKline			LAIV (Nasal Spray)	Flumist (2-49 yrs)	AstraZeneca		
	FluLaval (6 mo+)	GlaxoSmithKline			RIV4 (Single-dose vial)	Flublok (18 yrs+)	Sanofi		
	Fluzone (6 mo+)	Sanofi			IIV4 (Multi-dose vial)	Fluzone (6 mo+)	Sanofi		
	Fluzone High Dose (65 yrs+)	Sanofi				Fluzone (6-35 mo)	Sanofi		
	Afluria (6-35 mo)	Seqirus				Fluzone (3 yrs+)	Sanofi		
	Afluria (3 yrs+)	Seqirus				Afluria (6-35 mo)	Seqirus		
	Fluad (65 yrs+)	Seqirus				Afluria (6-35 mo)	Seqirus		
	Flucelvax (2 yrs+)	Seqirus				Flucelvax (2 yrs+)	Seqirus		
Other				Other					