

Adult Vaccine Reporting Form

Clinic name:	Phone number:
Clinic ID:	Today's date:

Report private and VFAAR vaccines on this reporting form. Influenza vaccines are reported with a separate form. Use "Other" if the vaccine administered is not listed. Fax to 215-238-6944

*Administration Site Abbreviations: **LPUA** – Left Outer Aspect Upper Arm, **LD** – Left Deltoid, **LALT** – Left Anterior Lateral Thigh, **LVL** – Left Vastus Lateralis, **PO** – Orally, **RPUA** – Right Outer Aspect Upper Arm, **RD** – Right Deltoid, **RALT** – Right Anterior Lateral Thigh, **RVL** – Right Vastus Lateralis, **N** – Intranasal

Vaccination Date:		Date of Birth:		Last Name:		First Name:		VFAAR Eligibility (check one)		
Address:			City:		State:	Zipcode:		Gender:	Yes	No
Vaccine	Brand name	Manufacturer	Lot #	Admin. Site		Vaccine	Brand name	Manufacturer	Lot #	Admin. Site
Hep A - Hep B	Twinrix	Merck, Sanofi				Men B	Bexsero	GSK		
Hep A, Adult	Havrix	GSK					Trumenba	Pfizer		
	Vaqta	Sanofi				MCV4	Menactra	Sanofi		
Hep B, Adult	Energix B	GSK					Menveo	GSK		
	Recombivax HB	Sanofi				Tdap, Absorbed	Adacel	Sanofi		
	Heplisav-B	Dynavax					Boostrix	GSK		
HPV	Gardasil-9	Merck				Td	Td	Mass Bio Labs		
MMR	MMR-II	Merck					Tenivac	Sanofi		
	Priorix	GSK				Varicella	Varivax	Merck		
PPV23	Pneumovax	Merck				Zoster	Shingrix	GSK		
PCV15	Vaxneuvance	Merck				Other				