

Pediatric Vaccine Reporting Form

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

Report private and VFC 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:		VFC Eligibility (check one)	
Address:			City:		State:	Zipcode:	Gender:		<input type="checkbox"/> Uninsured <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Under-insured <input type="checkbox"/> Enrolled in Medicaid <input type="checkbox"/> Non VFC-eligible
Vaccine	Brand name	Manufacturer	Lot #	Admin. Site	Vaccine	Brand name	Manufacturer	Lot #	Admin. Site
DTaP-IPV-Hib-HepB	Vaxelis	Merck, Sanofi			Hib	ActHIB (PRP-T)	Sanofi		
DTaP-HepB-IPV	Pediarix	GSK				Hiberix (PRP-T)	GSK		
DTaP-Hib-IPV	Pentacel	Sanofi				Pedvax (PRP-OMP)	Merck		
DTaP-IPV	Kinrix	GSK			HPV	Gardasil (9 valent)	Merck		
	Quadracel	Sanofi			PCV13	Prevnar 13	Pfizer		
DTaP	Daptacel	Sanofi			PCV15	Vaxneuvance	GSK		
	Infanrix	GSK			MCV4	MenQuadfi	Sanofi		
Tdap, Absorbed	Adacel	Sanofi				Menveo	GSK		
	Boostrix	GSK			MenB	Bexsero	GSK		
Hep A, Ped/Adol	Havrix	GSK				Trumenba	Pfizer		
	Vaqta	Merck			MenACYW-TT	MenQuadfi	Sanofi		
Hep B, Ped/Adol	Energix B	GSK			Polio (IPV)	IPOL	Sanofi		
	Recombivax B	Merck			Rotavirus	Rotarix	GSK		
Varicella	Varivax	Merck				RotaTeq	Merck		
MMR	MMRII	Merck			MMRV	ProQuad	Merck		
	Priorix	GSK			Other				