

# Flu Vaccine Reporting Form

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

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

Vaccination Date:		Date of Birth:		Last Name:		First Name:				VFC/VFAAR Eligibility (check one)	
Address:		City:		State:		Zipcode:		Gender:		Uninsured Native American or Alaskan Native Under-insured Enrolled in Medicaid Non VFC-eligible	
Vaccine	Brand name	Manufacturer	Given	Lot #	Vaccine	Brand name	Manufacturer	Given	Lot #		
IIV4 (Single-dose syringe)	Fluarix (6 mo+)	GlaxoSmithKline			RIV4 (Single-dose vial)	Flublok (18 yrs+)	Sanofi				
	FluLaval (6 mo+)	GlaxoSmithKline			IIV4 (Single-dose vial)	Fluzone (6 mo+)	Sanofi				
	Fluzone (6 mo+)	Sanofi			IIV4 (Multi-dose vial)	Fluzone (6-35 mo)	Sanofi				
	Fluzone High Dose (65 yrs+)	Sanofi				Fluzone (6 mo+)	Sanofi				
	Afluria (3yrs+)	Seqirus				Afluria (6-35 mo)	Seqirus				
	Fluad (65 yrs+)	Seqirus				Afluria (3yrs+)	Seqirus				
	Flucelvax (2 yrs+)	Seqirus			Flucelvax (6 mo+)	Seqirus					
LAIV (Nasal Spray)	Flumist (2-49 yrs)	AstraZeneca			Other						