

# Adult Vaccine and Immunization 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:		
Address:			City:		State:		Zipcode:		Gender:
Vaccine	Brand name	Manufacturer	Lot #	Admin. Site	Vaccine	Brand name	Manufacturer	Lot #	Admin. Site
Hep A - Hep B	Twinrix	Merck, Sanofi			Men B recombinant	Trumenba	Pfizer		
Hep A, Adult	Havrix	GSK			MCV4	Menactra	Sanofi		
	Vaqta	Sanofi				Menveo	GSK		
Hep B, Adult	Energix B	GSK			Tdap, Absorbed	Adacel	Sanofi		
	Recombivax HB	Sanofi				Boostrix	GSK		
	Heplisav-B	Dynavax			Td	Td	Mass Bio Labs		
HPV	Gardasil-9	Merck				Tenivac	Sanofi		
MMR	MMR-II	Merck			Varicella	Varivax	Merck		
	Priorix	GSK			Zoster	Shingrix	GSK		
PPV23	Pneumovax	Merck			RSV-PreF3	Arexvy	GSK		
PCV15	Vaxneuvance	Merck			RSV-PreF	Abrysvo	Pfizer		
PCV20	Prevnar20	Pfizer			Other				
Men B	Bexsero	GSK			Other				