

# Report No Dose Administered

**Complete this form when no immunizations were administered during a given month. This is required.**

Indicate that zero doses of vaccine were administered by completing the information below and indicating the month and year in which no doses of vaccine were administered at the clinic. If immunizations were administered, please use one of the PhilaVax Immunization Reporting forms. Copies of these forms are located online: <https://vaccines.phila.gov/>

## Contact Information

Clinic name		VFC/VFAAR Pin
Address		
City	State	Zip

Your name		Your title
Phone	Fax	Email
Zero doses of vaccine administered during:	Month	Year

**Please fax this form to:** 215-238-6944

**Or email to:** [PhilaVax@phila.gov](mailto:PhilaVax@phila.gov)

### PDPH use only:

Date received:

Approved?:

Entered by:

Clinic code: