

PhilaVax Patient Update Request

This form must be completed for any changes that need to be made to patient records within PhilaVax. Parent(s) and guardian(s) may submit update requests for minor children. Medical providers can submit changes on behalf of patients, when appropriate documentation is received.

Section 1: Requested Change(s)

De-duplicate records:

Put the PhilaVax ID for the most complete and accurate record in space #1 below.

- PhilaVax ID #: 1) _____ 2) _____ 3) _____ 4) _____
- Complete Section 2 and Section 3.

Add patient to PhilaVax

- Complete Section 2 and Section 3. Review Section 5 and Section 6.
- Include patient immunization records.

Update patient immunizations

- Complete Section 2, Section 3, and Section 4. Review Section 5 and Section 6.
- Include patient's official immunization records.

Update patient demographic information*

- Complete Section 2, Section 3, and Section 4. Review Section 5.

Section 2: Your Contact Information

Last Name	First Name	Relation to Patient
Phone Number	Email Address	

Section 3: Correct Patient Information

Last Name	First Name	Middle Name
PhilaVax ID#	Sex	Parent Name
Address		Address 2
City	State	Zipcode
Date of Birth	Phone Number	Email

Section 4: If requesting update to a record, what update(s) need to be made?

Update Needed	Details of incorrect information:
Name Misspelled	
Name Changed*	
Incorrect Address	
Incorrect Sex*	
Incorrect Date of Birth*	
Email	
Immunization Record/Administered Vaccine Missing	
Other:	

*Changes to Name, Sex, and Date of Birth require legal documentation for the patient, such as court decree, updated birth certificate, or updated legal ID.

Section 5: Proof of identification

Please provide **one** of the following documents to validate your request:

- Government issued identification
- Passport

If photographic identification is unavailable, two of the following documents below may be substituted:

- Birth certificate
- Written verification of identity from your employer
- Current automobile registration
- Current copy of utility bill showing name and address
- Current checking account deposit slip stating name and address
- Current voter registration card

Section 6: Medical Record Validation

For updates to immunization records and administered vaccines, including adding a patient to PhilaVax, submission of official documentation from a medical provider is required.

When completed, return this document to PhilaVax:

Scan and email:
PhilaVax@phila.gov

Fax Number:
 215-238-6944

Mail:
 PhilaVax
 1101 Market St., 12th Fl.
 Philadelphia, PA 19107