

Pediatric Vaccine and Immunization 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:		Enrolled in Medicaid		Native American or Alaskan Native		Under-insured		Non VFC-eligible	
Vaccine	Brand name	Manufacturer	Lot #	Admin. Site	Vaccine	Brand name	Manufacturer	Lot #	Admin. Site
DTaP-IPV-Hib-HepB	Vaxelis	Merck, Sanofi			HPV	Gardasil (9 valent)	Merck		
DTaP-HepB-IPV	Pediarix	GSK			PVC13	Pevnar 13	Pfizer		
DTaP-Hib-IPV	Pentacel	Sanofi			PVC15	Vaxneuvance	GSK		
DTaP-IPV	Kinrix	GSK			PVC20	Pevnar20	Pfizer		
	Quadracel	Sanofi			MCV4	MenQuadfi	Sanofi		
DTaP	Daptacel	Sanofi				Menveo	GSK		
	Infanrix	GSK			MenB OMV	Bexsero	GSK		
Tdap, Absorbed	Adacel	Sanofi			Men B recombinant	Trumenba	Pfizer		
	Boostrix	GSK			MenABCWY	Penbraya	Pfizer		
Hep A, Ped/Adol	Havrix	GSK			Polio (IPV)	IPOL	Sanofi		
	Vaqta	Merck			Rotavirus	Rotarix	GSK		
Hep B, Ped/Adol	Energix B	GSK				RotaTeq	Merck		
	Recombivax B	Merck			MMRV	ProQuad	Merck		
MMR	Varivax	Merck			RSV, mAb, 0.5mL	Beyfortus	Sanofi		
	MMRII	Merck			RSV, mAb, 1.0mL	Beyfortus	Sanofi		
	Priorix	GSK			Other				
Hib	ActHIB (PRP-T)	Sanofi			Other				
	Hiberix (PRP-T)	GSK			Other				
	Pedvax (PRP-OMP)	Merck			Other				