

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 or email completed form to philavax@phila.gov.

Vaccination Date:	Date of Birth:	Last Name:	First Name:	
Address:	City:	State:	Zipcode:	Gender:
Medical Record Number:	Patient Language:	Email:	Phone number:	
Patient VFC/VFAAR Eligibility (Check one)				
Uninsured	Underinsured	Native American or Alaskan Native	Enrolled in Medicaid	Enrolled in Medicare
CHIP	317 VFAAR	Non VFC-eligible		

Vaccine	Brand name	Manufacturer	Given	Funding Source	Lot #	Vax Expiration Date	Dose ml
	Fluarix (6 mo+)	GlaxoSmithKline		Private VFC VFAAR			
	FluLaval (6 mo+)	GlaxoSmithKline		Private VFC VFAAR			
	Fluzone (6 mo+)	Sanofi		Private VFC VFAAR			
IIV4 (Single-dose syringe)	Fluzone High Dose (65 yrs+)	Sanofi		Private VFC VFAAR			
	Afluria (3 yrs+)	Seqirus		Private VFC VFAAR			
	Fluad (65 yrs+)	Seqirus		Private VFC VFAAR			
	Flucelvax (2 yrs+)	Seqirus		Private VFC VFAAR			

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Vaccine	Brand name	Manufacturer	Given	Funding Source	Lot #	Vax Expiration Date	Dose ml
LAIV (Nasal Spray)	Flumist (2-49 yrs)	AstraZeneca		Private VFC VFAAR			
RIV4 (Single-dose vial)	Flublok (18 yrs+)	Sanofi		Private VFC VFAAR			
IIV4 (Single-dose vial)	Fluzone (6 mo+)	Sanofi		Private VFC VFAAR			
IIV4 (Multi-dose vial)	Fluzone (6-35 mo)	Sanofi		Private VFC VFAAR			
	Fluzone (6 mo+)	Sanofi		Private VFC VFAAR			
	Afluria (6-35 mo)	Seqirus		Private VFC VFAAR			
	Afluria (3 yrs+)	Seqirus		Private VFC VFAAR			
	Flucelvax (6 mo+)	Seqirus		Private VFC VFAAR			
Other				Private VFC VFAAR			
Other				Private VFC VFAAR			