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 B | irth: | | | Last Name | | | | | | First Name: | | | | |
|-------------------------------|---------------------------|-----------|-------------------|-----------------------|------------------|-------------------------|----------------------------|----|----------|----------|-------------------|-------------|------------|---------|----------------|--|
| Address: | | | City: | | | State: | | | Zipcode: | Zipcode: | | Gender: | | | | |
| Medical Record Number: | | | Patient Language: | | | | Email: | | | | | Phone | | | number: | |
| Patient VFC/VFAAR Eligibility | / (Check o | one) | | | | | | | | | | | | | | |
| Uninsured | Uninsured Underinsu | | | red Native American o | | | or Alaskan Native Enrolled | | | ed in | d in Medicaid Enr | | | Enrolle | ed in Medicare | |
| CHIP | | 317 VFAAR | | | Non VFC-eligible | | | | | | | | | | | |
| Vaccine | Brand r | name | Man | ufacturer | Gi | iven Fu | unding Sour | ce | Lot # | | Vax | Expir | ation Date | Do | se ml | |
| | Fluarix (6 mo+) | | Glax | GlaxoSmithKline | | | Private VFC VFAAR | | | | | | | | | |
| | FluLava (6 mo+) | | GlaxoSmithKline | | | | Private VFC VFAAR | | | | | | | | | |
| | Fluzone (6 mo+) Sanofi | | ofi | | | Private VFC VFAAR | | | | | | | | | | |
| IIV4 (Single-dose syringe) | Fluzone Dose (6 | - | Sanc | ofi | | | Private VFC VFAAR | | | | | | | | | |
| | Afluria (3 yrs+) | | Seqi | rus | | | Private VFC VFAAR | | | | | | | | | |
| | Fluad (65 yrs+ | -) | Seqi | rus | | | Private VFC VFAAR | | | | | | | | | |
| | Flucelv (2 yrs+) | | Seqi | rus | | | Private VFC VFAAR | | | | | | | | | |



Philadelphia Department of Public Health - Division of Disease Control - Immunization Program - PhilaVax 1101 Market St. Floor 12, Philadelphia, PA, 19107 | **vaccines.phila.gov** | **vaccines@phila.gov** | March 2025

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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 | | | |



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