Adult Vaccine and Immunization Reporting Form

Clinic name:
Clinic ID:
Phone number:

Report private and VFAAR 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 or or email completed form to philavax@phila.gov.

Vaccination Date:	**Date of Birth:**	**Last Name:**	**First Name:**
Address:	**City:**	**State:**	**ZIP Code:**
Sex:	**Race:**	**Ethnicity:**	**Patient Language:**
Email:			**Phone Number:**

Patient VFAAR Eligibility (Check one):

☐ Medicaid ☐ Medicare ☐ VFAAR ☐ Not VFAAR Eligible ☐ Unknown

***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

Vaccine	Brand Name	Manufacturer	Lot #	Vax Expiration Date	Dose (mL)	Admin. Site*
Hep A, Adult	Havrix	GSK				
	Vaqta	Sanofi				
Hep A - Hep B	Twinrix	Merck				
		Sanofi				
Hib	Energix B	GSK				
	Recombivax HB	Sanofi				
	Heplisav-B	Dynavax				
HPV	Gardasil-9	Merck				
MMR	MMR-II	Merck				
	Priorix	GSK				
PPV23	Pneumovax	Merck				
PPCV15	Vaxneuvance	Merck				
PCV20	Prevnar20	Pfizer				
MenB	Bexsero	GSK				
MenB Recombinant	Trumenba	Pfizer				

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

Department of Public Health
Immunization Program
CITY OF PHILADELPHIA

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Vaccine	Brand Name	Manufacturer	Lot #	Vax Expiration Date	Dose (mL)	Admin. Site*
MCV4	Menactra	Sanofi				
	Menveo	GSK				
Tdap, Absorbed	Adacel	Sanofi				
	Boostrix	GSK				
Tdap, Absorbed	Td	Mass Bio Labs				
	Tenivac	Sanofi				
Varicella	Varivax	Merck				
Zoster	Shingrix	GSK				
RSV-PreF3	Arexvy	GSK				
RSV-PreF	Abrysvo	Pfizer				

Other (please fill in if vaccine not listed)

Vaccine	Brand Name	Manufacturer	Lot #	Vax Expiration Date	Dose (mL)	Admin. Site*

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