Flu Vaccine Reporting Form

Clinic name:
Clinic ID:
Phone number:

Report influenza vaccines on this reporting form. All other vaccines are reported with a separate form. Use "Other" if the vaccine administered is not listed. Fax to 215-238-6944 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 VFC/VFAAR Eligibility (Check one):

☐ Uninsured ☐ Underinsured ☐ American Indian or Alaskan Native ☐ Enrolled in Medicare
☐ Enrolled in Medicare ☐ CHIP ☐ 317 VFAAR ☐ Non VFC-Eligible

***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*
IIV4 (Single-dose syringe)	Fluarix (6 mo+)	GlaxoSmithKline				
	FluLaval (6 mo+)	GlaxoSmithKline				
	Fluzone (6 mo+)	Sanofi				
	Fluzone High Dose (65 yrs+)	Sanofi				
	Afluria (3 yrs+)	Seqirus				
	Fluad (65 yrs+)	Seqirus				
	Flucelvax (2 years+)	Seqirus				
LAIV (Nasal spray)	Flumist (2-49 yrs)	AstraZeneca				
RIV4 (Single-dose vial)	Flublok (18 yrs+)	Sanofi				
IIV4 (Single-dose vial)	Fluzone (6 mo+)	Sanofi				
	Fluzone (6-35 mo)	Sanofi				
IIV4 (Multi-dose vial)	Fluzone (6 mo+)	Seqirus				
	Afluria (6-35 mo)	Seqirus				
	Afluria (3 yrs+)	Seqirus				
	Flucelvax (6 mo+)	Seqirus				
Other						

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