Pediatric Vaccine and Immunization Reporting Form

Clinic name:	
Clinic ID:	
Phone number:	

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 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 Eligibility (Check one):

☐ Medicaid ☐ Medicare ☐ Uninsured ☐ American Indian or Alaskan Native ☐ Underinsured ☐ Not VFC 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*
DTaP	Daptacel	Sanofi				
	Infanrix	GSK				
DTaP-HepB-IPV	Pediarix	GSK				
DTaP-Hib-IPV	Pentacel	Sanofi				
DTaP-IPV	Kinrix	GSK				
	Quadracel	Sanofi				
DTaP-IPV-Hib-HepB	Vaxelis	Merck				
		Sanofi				
Hep A, Ped/Adol	Havrix	GSK				
	Vaqta	Merck				
Hep B, Ped/Adol	Energix B	GSK				
	Recombivax B	Merck				
Hib	ActHIB (PRP-T)	Sanofi				
	Hiberix (PRP-T)	GSK				
	Pedvax (PRP-OMP)	Merck				
HPV	Gardasil (9 valent)	Merck				

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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** | September 2025

Department of Public Health
Immunization Program
CITY OF PHILADELPHIA

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Date of birth:	

Vaccine	Brand Name	Manufacturer	Lot #	Vax Expiration Date	Dose (mL)	Admin. Site*
MCV4	MenQuadfi	Sanofi				
	Menveo	GSK				
MenABCWY	Penbraya	Pfizer				
MenB OMV	Bexsero	GSK				
MenB Recombinant	Trumenba	Pfizer				
MMR	Varivax	Merck				
	MMRII	Merck				
	Priorix	GSK				
MMRV	ProQuad	Merck				
Polio (IPV)	IPOL	Sanofi				
PVC13	Prevnar 13	Pfizer				
PVC15	Vaxneuvance	GSK				
PVC20	Prevnar20	Pfizer				
Rotavirus	Rotarix	GSK				
	RotaTeq	Merck				
RSV, mAb, 0.5mL	Beyfortus	Sanofi				
RSV, mAb, 1.0mL	Beyfortus	GSK				
Tdap, Absorbed	Adacel	Sanofi				
	Boostrix	GSK				

Other (please fill in if vaccine not listed)

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

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