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 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	GSK				
Hep B, Adult	Energix B	GSK				
	Recombivax HB	Sanofi				
	Heplisav-B	Dynavax				
HPV	Gardasil-9	Merck				
MCV4	Menveo	GSK				
	MenQuadfi™	Sanofi				
MenABCWY	Penbraya	Pfizer				
MenB OMV	Bexsero	GSK				
MenB Recombinant	Trumenba	Pfizer				
MMR	MMR-II	Merck				
	Priorix	GSK				

(continued on page 2)

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** | December 2025

Department of Public Health
Immunization Program
CITY OF PHILADELPHIA

Adult Vaccine and Immunization Reporting Form

Clinic name:
Clinic ID:
Patient name:
Date of birth:

Vaccine	Brand Name	Manufacturer	Lot #	Vax Expiration Date	Dose (mL)	Admin. Site*
PCV15	Vaxneuvance	Merck				
PCV20	Prevnar20	GSKPfizer				
PCV21	CAPVAXIVE™	Merck				
PPSV23	Pneumovax 23	Merck				
Polio (IPV)	IPOL	Sanofi				
RSV-PreF	Abrysvo	Pfizer				
RSV-PreF3	Arexvy	GSK				
Td	Tenivac	Sanofi				
Tdap, Absorbed	Adacel	Sanofi				
	Boostrix	GSK				
Varicella	Varivax	Merck				
Zoster	Shingrix	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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