

# PhilaVax

## Adult Vaccine Reporting Form

Clinic Name	Clinic ID
Phone Number	Today's Date



DEPARTMENT OF  
PUBLIC HEALTH

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

\*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

Vaccination Date		Date of Birth		Last Name			First Name			VFAAR Eligibility (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No
Address				City		State	Zip Code		Gender	
Vaccine	Brand Name	Manufacturer	Lot Number	Admin. Site*		Vaccine	Brand Name	Manufacturer	Lot Number	Admin. Site*
Hep A - Hep B	Twinrix	GSK				MCV4	Menactra	Sanofi		
Hep A, Adult	Havrix	GSK					Tdap, Absorbed	Menveo	GSK	
	Vaqa	Merck				Td		Adacel	Sanofi	
Hep B, Adult	Engerix B	GSK					Td	Boostrix	GSK	
	Recombivax HB	Merck				Td		Td	Merck	
HPV	Gardasil-9	Merck					Td	Tenivac	Sanofi	
MMR	MMR-II	Merck				Varicella		Varivax	Merck	
PPV23	Pneumovax	Merck				Zoster	Zostavax	Merck		
Men B	Bexsero	GSK				Other				
	Trumenba	Pfizer								

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