



Report No Dose Administered

Complete this form when no immunizations were administered during a given month. This is required.

Indicate that zero doses of vaccine were administered by completing the information below and indicating the **month and year** in which no doses of vaccine were administered at the clinic. If immunizations were administered, please use one of the PhilaVax Immunization Reporting forms. Copies of these forms are located online: <https://vax.phila.gov/>

Contact Information

Clinic Name		VFC/VFAAR PIN
Address		
City	State	Zip Code



Your Name		Your Title
Phone Number	Fax Number	Email Address
Zero doses of vaccine administered during:	Month	Year
		Today's Date

Fax Number: 215-238-6944

Scan and Email: PhilaVax@phila.gov

Mail: KIDS Plus IIS
500 S. Broad St., 2nd Fl.
Philadelphia, PA 19146

For Official Use Only

Reviewed By: _____

Date: _____