

Reporting Form Instructions

Selecting the correct immunization reporting form:

1. **Routine Immunization Reporting Form (Pediatric & Adolescent, Aged 0-18 Years):** Report all routine (non-influenza) immunizations (VFC and Private) administered to patients 0 through 18 years of age.
2. **Routine Immunization Reporting Form (Adults, Aged ≥19 Years):** Report all routine (non-influenza) immunizations (VFAAR and Private) administered to patients 19 years of age and older.
3. **Influenza Immunization Reporting Form (All Ages):** Report influenza immunizations (VFC, VFAAR and Private) administered to patients of all ages. This form will be distributed annually prior to the influenza season.
4. **“No Doses Administered” Reporting Form:** Report when zero doses of vaccine are administered in your office during a calendar month.

General Instructions:

- Use ink only to complete forms, please type or print clearly.
- Report only two patients per form.
- Complete all the clinic information at the top of each page. Clinic ID is the same as VFC/VFAAR PIN or KIDS Plus IIS PIN if you are not a VFC and/or VFAAR site.
- All fields are required and must be completed.

Patient Information:

1. **Vaccination Date:** Date the vaccination was administered, include Month, Day, and Year.
2. **Patient Name:** Reporting the patient’s legal name as it appears in your records. Please record the last and first name in the correct, designated space. If the patient has a hyphenated name, please place a (-) between the names.
3. **Patient Address:** Please report the patient’s physical address. This must include a street number, street name, unit number (if applicable), city, state, and zip code.
4. **Gender:** Please select either male or female.
5. **VFC/VFAAR Eligibility:** Indicate the patient’s VFC eligibility status at the time of the visit. For the adult form, indicate if the patient is VFAAR eligible, by checking yes or no.

Vaccination Information:

1. **Vaccine, Brand Name:** Vaccines are now listed by the vaccine type and brand name for more detailed reporting. If a vaccine is not found in the listing, list the vaccine under “Other”. Do not list influenza vaccines on the Routine Reporting Forms.
2. **Manufac:** Vaccine manufacturer
3. **Given?:** Check the Given? box corresponding to any vaccines administered.
4. **Lot Number:** List the lot number of the administered vaccine.
5. **Site:** Indicate body site in which the vaccine was administered. Abbreviations for body sites are: **LPUA** – LEFT OUTER ASPECT UPPER ARM, **LD** – LEFT DELTOID, **LALT** – LEFT ANTERIOR 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. Abbreviations for body sites are also found in the black space between the two patients.