



Clinic ID:	Clinic Name:	Phone #:	Date Completed:
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Report VFC, VFAAR and Private influenza vaccines on the Reporting Form. Use "Other" for vaccines not listed. Fax completed forms to (215) 238-6944.

Vaccination Date:	DoB:	Last Name:	First Name:	Gender (Circle one): Male Female	VFC/VFAAR Eligibility (Check one): <input type="checkbox"/> Is enrolled in Medicaid <input type="checkbox"/> Does not have health insurance <input type="checkbox"/> Native American or Alaskan <input type="checkbox"/> Is under-insured <input type="checkbox"/> Patient is not VFC-eligible <input type="checkbox"/> Patient is VFAAR-eligible
Street #:	Street Name:	Unit #:	City:	State:	

Vaccine	Brand Name	Manufacturer	Given?	Quad or Tri?	Lot #	Vaccine	Brand Name	Manufacturer	Given?	Quad or Tri?	Lot #
Influenza Injectable	Afluria 9 yrs+	bioCSL	<input type="checkbox"/>	Trivalent		Influenza Injectable P-Free	Afluria P-Free, 9 yrs+	bioCSL	<input type="checkbox"/>	Trivalent	
	FluLaval 6 mos+	GSK	<input type="checkbox"/>	Quadrivalent			Fluarix P-Free, 36 mos+	GSK	<input type="checkbox"/>	Quadrivalent	
	Fluvirin 4 yrs+	Seqirus	<input type="checkbox"/>	Trivalent			Fluzone P-Free, 36 mos+	Sanofi	<input type="checkbox"/>	Quadrivalent	
	Fluzone 6 mos+	Sanofi	<input type="checkbox"/>	Quadrivalent			Fluvirin P-Free, 4 yrs+	Seqirus	<input type="checkbox"/>	Trivalent	
Influenza LAIV Quad Nasal	Flumist 2-49 yrs	Medimmune/ Astra Zeneca	<input type="checkbox"/>	Quadrivalent			Agriflu P-Free, 18 yrs+	GSK	<input type="checkbox"/>	Trivalent	
Influenza Quad Injectable Ped	Fluzone 6-35 mos	Sanofi	<input type="checkbox"/>	Quadrivalent			Flucelvax P-Free, 4 yrs+	Seqirus	<input type="checkbox"/>	Quadrivalent	
Influenza High Dose	Fluzone 65 yrs+	Sanofi	<input type="checkbox"/>	Quadrivalent		Other:			<input type="checkbox"/>		

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	FluLaval 6 mos+	GSK	<input type="checkbox"/>	Quadrivalent			Fluarix P-Free, 36 mos+	GSK	<input type="checkbox"/>	Quadrivalent	
	Fluvirin 4 yrs+	Seqirus	<input type="checkbox"/>	Trivalent			Fluzone P-Free, 36 mos+	Sanofi	<input type="checkbox"/>	Quadrivalent	
	Fluzone 6 mos+	Sanofi	<input type="checkbox"/>	Quadrivalent			Fluvirin P-Free, 4 yrs+	Seqirus	<input type="checkbox"/>	Trivalent	
Influenza LAIV Quad Nasal	Flumist 2-49 yrs	Medimmune/ Astra Zeneca	<input type="checkbox"/>	Quadrivalent			Agriflu P-Free, 18 yrs+	GSK	<input type="checkbox"/>	Trivalent	
Influenza Quad Injectable Ped	Fluzone 6-35 mos	Sanofi	<input type="checkbox"/>	Quadrivalent			Flucelvax P-Free, 4 yrs+	Seqirus	<input type="checkbox"/>	Quadrivalent	
Influenza High Dose	Fluzone 65 yrs+	Sanofi	<input type="checkbox"/>	Quadrivalent		Other:			<input type="checkbox"/>		