

Adult Vaccine Reporting Form

PhilaVax

Clinic Name	Clinic ID
Phone Number	Today's Date

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			
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	
	Vaqta	Merck				Adacel		Sanofi		
Hep B, Adult	Engerix B	GSK				Td	Boostrix	GSK		
	Recombivax HB	Merck					Td	Mass Bio Labs		
HPV	Gardasil-9	Merck				Varicella	Tenivac	Sanofi		
MMR	MMR-II	Merck					Varivax	Merck		
PPV23	Pneumovax	Merck				Zoster	Zostavax	Merck		
							Shingrix	GSK		
Men B	Bexsero	GSK				Other				
	Trumenba	Pfizer								

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