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. Manufacturer: 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:
   Abbreviations for body sites are also found in the black space between the two patients.