KIDS Plus IIS

Adult Vaccine Reporting Form

Clinic Name	Clinic ID
Phone Number	Today's Date

Department of Public Health
CITY OF PHILADELPHIA
LIFE • LIBERTY • AND YOU™

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 Aam, **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)
				☐ Yes ☐ No

Address	City	State	Zip Code	Gender

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				Menveo	Novartis		
	Vaqta	Merck			**Tdap, Absorbed**	Adacel	Sanofi		
Hep B, Adult	Engerix	GSK				Boostrix	GSK		
	Recombivax	Merck			**Td**	Td	Merck		
HPV	Cervarix	GSK				Tenivac	Sannofi		
	Gardasil-4	Merck			**Varicella**	Varivax	Merck		
	Gardasil-9	Merck			**Zoster**	Zostavax	Merck		
MMR	MMR-II	Merck			**Other**				
PPV23	Pneumovax	Merck							

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	Recombivax	Merck			**Td**	Td	Merck		
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	Gardasil-4	Merck			**Varicella**	Varivax	Merck		
	Gardasil-9	Merck			**Zoster**	Zostavax	Merck		
MMR	MMR-II	Merck			**Other**				
PPV23	Pneumovax	Merck							