

KIDS Plus IIS

Flu Vaccine Reporting Form

Clinic Name	Clinic ID
Phone Number	Today's Date



Use this form to report all VFC, VFAAR and Private influenza vaccines. Use "Other" for any flu vaccines that are not listed.
Fax the completed forms to 215-238-6944 or mail to KIDS Plus IIS 500 S. Broad St., 2nd Floor Philadelphia, PA 19146

Vaccination Date	Date of Birth	Last Name			First Name					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
Address			City	State	Zip Code	Gender				
Vaccine	Brand Name	Manufacturer	Quad or Tri?	Lot #	Vaccine	Brand Name	Manufacturer	Quad or Tri?	Lot #	
Influenza Injectable	Afluria 9 yrs+	CSL	Trivalent		Influenza Injectable P-Free	Afluria P-Free, 9 yrs+	CSL	Trivalent		
	FluLaval 36 mos+	ID Biomed	<input type="checkbox"/> Trivalent <input type="checkbox"/> Quadrivalent			Fluarix P-Free, 36 mos+	GSK	Quadrivalent		
	Fluvirin 4 yrs+	GSK	Trivalent			Fluzone P-Free, 36 mos+	Sanofi	Trivalent		
	Fluzone 6 mos+	Sanofi	<input type="checkbox"/> Trivalent <input type="checkbox"/> Quadrivalent			Fluvirin P-Free, 4 yrs+	GSK	<input type="checkbox"/> Trivalent <input type="checkbox"/> Quadrivalent		
Influenza LAIV Quad Nasal	Flumist 2-49 yrs	Medimmune	Quadrivalent		Agriflu P-Free, 18 yrs+	GSK	Trivalent			
Influenza Quad Injectable Ped	Fluzone 6-35 mos	Sanofi	Quadrivalent		Other:					
Influenza High Dose	Fluzone 65 yrs+	Sanofi	Quadrivalent							

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	Fluvirin 4 yrs+	GSK	Trivalent			Fluzone P-Free, 36 mos+	Sanofi	Trivalent		
	Fluzone 6 mos+	Sanofi	<input type="checkbox"/> Trivalent <input type="checkbox"/> Quadrivalent			Fluvirin P-Free, 4 yrs+	GSK	<input type="checkbox"/> Trivalent <input type="checkbox"/> Quadrivalent		
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