

# KIDS Plus IIS

## Report No Dose Administered



Complete this form when no immunizations were administered during a given month. This is required.

Indicate that zero doses of vaccine were administered by completing the information below and indicating the **month and year** in which no doses of vaccine were administered at the clinic. If immunizations were administered, please use one of the KIDS Plus Immunization Reporting forms. Copies of these forms are located online: <http://kids.phila.gov/>

### Contact Information

Clinic Name		VFC/VFAAR PIN
Address		
City	State	Zip Code



Your Name		Your Title
Phone Number	Fax Number	Email Address
<b>Zero doses of vaccine administered during:</b>	Month	Year
		Today's Date

**Fax Number:** 215-238-6944

**Scan and Email:** [KIDSregistry@phila.gov](mailto:KIDSregistry@phila.gov)

**Mail:** KIDS Plus IIS  
500 S. Broad St., 2nd Fl.  
Philadelphia, PA 19146

### For Official Use Only

Reviewed By: \_\_\_\_\_

Date: \_\_\_\_\_