

KIDS Plus IIS

Adult Vaccine Reporting Form

Clinic Name	Clinic ID
Phone Number	Today's Date



DEPARTMENT OF
PUBLIC HEALTH

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		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					Tdap, Absorbed	Menveo	GSK	
	Vaqa	Merck				Td		Adacel	Sanofi	
Hep B, Adult	Engerix B	GSK					Td	Boostrix	GSK	
	Recombivax HB	Merck				Varicella		Td	Merck	
HPV	Gardasil-9	Merck					Zoster	Tenivac	Sanofi	
MMR	MMR-II	Merck				Other		Varivax	Merck	
PPV23	Pneumovax	Merck						Zostavax	Merck	

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