KIDS Plus Influenza Immunization Reporting Form (All Ages)

500 S. Broad St. Philadelphia, PA 19146 | Fax: (215) 238-6944 | kidsregistry@phila.gov | https://kids.phila.gov

KIDS Plus
Philadelphia Immunization Information System

CLINIC ID:	CLINIC NAME:	PHONE #:	DATE COMPLETED:

REPORT VFC, VFAAR, AND PRIVATE INFLUENZA VACCINES ON THE REPORTING FORM. USE "OTHER" FOR VACCINES NOT LISTED. FAX COMPLETED FORMS TO 215-238-6944

VACCINATION DATE:	DATE OF BIRTH:	LAST NAME:	FIRST NAME:	VFC/VFAAR ELIGIBILITY (CHECK ONE):
MM/DD/YYYY	MM/DD/YYYY			☐ Is Enrolled in Medicaid ☐ Does Not Have Health Insurance ☐ American Indian or Alaskan Native ☐ Is Under Insured ☐ Patient is not VFC Eligible ☐ Patient *is* VFAAR Eligible

STREET #:	STREET NAME:	UNIT # (APT/FLOOR):	CITY:	STATE:	ZIP CODE:	GENDER (CIRCLE): Male Female

VACCINE	BRAND NAME	MANUFAC	GIVEN?	LOT NUMBER	SITE*
Influenza, Seasonal	Afluria 9 yrs +	Merck	☐		
	AgriFlu 4 yrs+	Novartis	☐		
	Flulaval 18 yrs +	GSK	☐		
	Fluvirin 4 yrs+	Novartis	☐		
	Fluzone 6 mos +	Sanofi	☐		
Influenza-LAIV Nasal	Flumist 2-49 yrs	Medimmune	☐		
OTHER:			☐		

VACCINE	BRAND NAME	MANUFAC	GIVEN?	LOT NUMBER	SITE*
Influenza, P-Free	Afluria P-Free, 9 yrs +	Merck	☐		
	Fluarix P-Free, 36 mos +	GSK	☐		
	Fluvirin P-Free, 4 yrs+	Novartis	☐		
	Fluzone P-Free, 36 mos +	Sanofi	☐		
	Fluzone Pediatric Dose P-Free, 6-35 mos	Sanofi	☐		
Influenza, High Dose	Fluzone, High Dose, 65 yrs+	Sanofi	☐		
OTHER:			☐		

***ENTER ADMINISTRATION BODY SITE ABREVIATION IN THE "SITE" COLUMN. SITE LEGEND: 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**

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