

KIDS Plus IIS

Pediatric Vaccine Reporting Form

Clinic Name	Clinic ID
Phone Number	Today's Date



DEPARTMENT OF
PUBLIC HEALTH

Report private and VFC 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

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