

Pneumococcal Pneumonia Virus (PPV) Vaccine Roster

Provider Name _____

Provider NPI _____ Date of Service _____

WARNING: Beneficiaries must be asked if they have received a pneumococcal vaccination.

- Rely on patients' memory to determine prior vaccination status.
- If patients are uncertain whether they have been vaccinated within the past 5 years, administer the vaccine.
- If patients are certain that they have been vaccinated within the past 5 years, **do not revaccinate.**

Control Number	Patient's HICN	Patient's Name (Last, First, MI)	Patient's Address (Number, Street, City, ST, ZIP)	Patient's Birth Date	Patient's Gender	Patient's Signature or "Signature on File"
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01						
02						
03						
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