

# COVID-19 Vaccine Inputting Form for Pharmacies for Clients Not Found in PHIMS



Pharmacy (service delivery location) \_\_\_\_\_

Pharmacy \_\_\_\_\_

City/Town/Community \_\_\_\_\_

City/Town/Community \_\_\_\_\_

Client ID# \_\_\_\_\_

Client ID# \_\_\_\_\_

Pharmacies are to use this form to record COVID-19 vaccines given at your pharmacy to clients without a Manitoba personal health identification number (PHIN) and/or for clients that cannot be found in the Public Health Information Management System (PHIMS).

**Reason for Immunization Legend:**  
 1 = Personal Care Home Resident  
 2 = Occupational hazard (e.g., HCW)  
 3 = Community with Disproportionate Disease Impact  
 4 = Congregate Living, Other  
 5 = Routine (age)

Please fax this form (even if only one entry), every Monday and Thursday of each week to (204) 948-3044.

| PHIN<br>If NO PHIN, Indicate<br>Place of Residence &<br>Health Card<br>Number (if available) | Last (Legal) Name | First (Legal) Name | Address | Date of Birth<br>(YYYY-MM-DD) | Sex<br>(M / F) | Vaccine<br>Name | Route of<br>Administration<br>(e.g., IM) | Site of<br>Administration<br>(e.g., right deltoid) | Tariff Code<br>(if known) | Date Given<br>(YYYY-MM-DD) | Lot Number | Reason for<br>Immunization<br>(enter only<br>one reason) | Provider Name |
|--|-------------------|--------------------|---------|-------------------------------|----------------|-----------------|--|--|---------------------------|----------------------------|------------|--|---------------|
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