Vaccine Administration Reporting Form for Health Care Providers

Manitoba

Name of Location (Service Delivery Location)

Person Submitting Form

City/Town/Community

Contact Phone Number

Organization Type
(if known – i.e., Occ. Health, Long-Term Care)

Date Submitted

PCHs, Hospitals and Occupational Health
Document Reason for Immunization Code
1) Personal Care Home resident
2) High risk environment (e.g., hospital)
3) Routine (e.g., visitor)
4) Occupational hazard (e.g, health care worker, volunteer)

Ensure all information available is entered into each column legibly (All fields are mandatory for data entry except for: "Reason for Immunization")

Client PHIN (9 digit health #)	First Name	Last Name	Date of Birth (YYYY-MM-DD)	Gender (M/F/X)	Vaccine Name	Date Given (YYYY-MM-DD)	Lot Number	Dosage, Site and Route	Reason for Immunization	Provider Name

Please submit completed form(s) as soon as possible.
Immunizations administered in First Nations Communities
FNIHB Public Health Unit, Fax: 204-983-0519

For Pharmacies send via fax to 204-945-6482
For all other locations send to your local Public Health Office
(manitoba.ca/health/publichealth/offices.html)

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