

Vaccine Administration Reporting Form for Clients With **No PHIN or Not Found in PHIMS**



Name of Location (Service Delivery Location)

City/Town/Community

Organization Type
(if known – i.e., medical clinic, pharmacy, etc.)

Person Submitting Form

Contact Phone Number

Date Submitted

Immunization providers are to use this form to report ANY immunizations administered to clients without a Manitoba personal health identification number (PHIN) and/or clients that cannot be found in the Public Health Information Management System (PHIMS).

Please type the information within the form, then print and fax to 1-204-945-6482. All fields are mandatory, some fields require more than one (1) piece of information. Hand written forms are not recommended.

First Name	Last Name	Complete Address Including Apartment Number and Postal Code	Telephone Number and/or Email Address	Date of Birth (YYYY-MM-DD)	Gender (M/F/X)	Vaccine Brand Name and Product	Date Given (YYYY-MM-DD)	Lot Number	Dosage, Site and Route	Provider Name