

Influenza Immunization Record

Last Name		First Name		Initial	Gender
Provincial Health Care Number/ULI			Age	Date of Birth (dd-Mon-yyyy)	
Alberta Address				Phone (Home)	
City		Province	Postal Code	Phone (Other)	
Out of Province Address (if applicable)			Province	Status <input type="checkbox"/> New to Alberta <input type="checkbox"/> Visitor	

<input type="checkbox"/> Informed Consent	
<input checked="" type="checkbox"/> Reason Code	
50	Routine Recommended Immunization (Note: Use 50A for Meditech entry)

Vaccine (Manufacturer)	
<input type="checkbox"/>	Fluzone® Quadrivalent (SF) 0.5 mL IM Lot # _____
<input type="checkbox"/>	FluLaval® Tetra (GSK) 0.5 mL IM Lot # _____
<input type="checkbox"/>	Fluzone® High-Dose (SF) 0.7 mL IM Lot # _____
<input type="checkbox"/>	Other _____ Lot # _____

Dose	<input type="checkbox"/> Annual	<input type="checkbox"/> 1 of 2	<input type="checkbox"/> 2 of 2
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Site	Arm	<input type="checkbox"/> Left	<input type="checkbox"/> Right
	Leg	<input type="checkbox"/> Left	<input type="checkbox"/> Right

Date Vaccine Given (dd-Mon-yyyy)	Time Vaccine Given (24 hrs)
Immunizer's Full Name (first, last)	Designation
Signature	Meditech ID Number