Alberta Health Services

Site/Clinic Location: _____

Influenza Immunization Record

Last Name	First Name	Initial	Gender

Provincial Health Care Number/ULI	Age	Date of Birth *(yyyy-Mon-dd)*

Alberta Address	Phone *(Home)*

City	Province	Postal Code	Phone *(Other)*

Out of Province Address *(if applicable)*	Province	Status: ☐ New to Alberta ☐ Visitor

Influenza Vaccine

☐ Informed Consent

Priority List by Reason Code:

	46	Pregnant Women
	02	65 years of age and older
	67	Children 6 months to 59 months of age
	68	5 years to 64 years of age with eligible chronic condition or belong to high risk population
	39	Household or close contact of individuals in category 46, 02, 67, or 68 reason codes and children under 6 months of age
	69	5 years up to and including 64 years of age and do not fit in any of the above categories

Dose: ☐ Annual ☐ 1 of 2 ☐ 2 of 2

Vaccine (Manufacturer):

☐ Fluzone® Quadrivalent (SF) 0.5 mL IM
Lot # _____

☐ FluLaval® Tetra (GSK) 0.5 mL IM
Lot # _____

☐ Afluria® Tetra (SEQ) 0.5 mL IM
Lot # _____

☐ Influvac® Tetra (BGP) 0.5 mL IM
Lot # _____

☐ Fluzone® High-Dose (SF) 0.5 mL IM
Lot # _____

☐ Other _____
Lot # _____

Site: **Arm** ☐ Left ☐ Right

Leg ☐ Left ☐ Right

For children requiring a 2nd dose:
Next dose due on or after _____

Date Vaccine Given *(yyyy-Mon-dd)*	Immunizer's Full First Name/Surname	Designation	Signature

Health information is collected according to Section 20 of the *Health Information Act (HIA)*. This information is used to provide health services, determine eligibility for health services, or to carry out any other purpose authorized by the HIA. If you have any questions about this please contact the healthcare provider offering the immunization or contact your local public health office. If you do not know your local public health office, call Health Link at 811 to get this information.