

**COVID-19 Immunization Record**

Last Name		First Name		Initial	Gender
Provincial Health Care Number/ULI			Age	Date of Birth (dd-Mon-yyyy)	
Alberta Address		Phone (Home)		Phone (Cell)	
City	Province Alberta	Postal Code	Consent to receive appointment reminders or Public Health Notifications <input type="checkbox"/> Yes <input type="checkbox"/> No		
Out of Province Address (if applicable)		Province	Status <input type="checkbox"/> New to Alberta <input type="checkbox"/> Visitor		

Informed Consent

**Date** (dd-Mon-yyyy) \_\_\_\_\_ **Time** (hh:mm) \_\_\_\_\_

**Vaccine Given**  No - go to **Not Administered** Section ▶  
 Yes - go to **Administered** Section ▼

(✓) **Vaccine Administered** (provide reason code)

03	Healthcare Worker (not including LTC/DSL)
44	Long Term Care/DSL Staff
22	Long-term Care/DSL Resident
70	Other Congregate Living Environments (e.g. senior lodges, corrections, group homes)
02	Recommended Based on Advanced Age (e.g. 75+, 70+, 65+)
66	Other Risk
72	12 Years to 64 Years
73	COVID-19 In-school Immunization Program
74	COVID-19 Additional Dose for Travel

(✓) **Vaccine NOT Administered** (provide reason code)

NGADVREACT	Previous Adverse Reaction
NGALLERGY	Allergic to Vaccine Ingredient/Component
NGDEFERRED	Deferred
NGIMMUNCOM	Immunocompromised
NGMEDCON	Medical Contraindication
NGNOCONSNT	No Consent or Unable to Contact
NGNTELGIB	Not Eligible/Recommended
NGPREGNANT	Pregnancy
NGREFUSE	Refused Vaccine Consent
NGTEMPILL	Temporary Illness

Comment \_\_\_\_\_

**Vaccine Administration Details**

**Manufacturer**

COVPBmRNA (Pfizer/BioNTech) 0.3 mL IM  
Lot # \_\_\_\_\_

COVMODmRNA (Moderna) 0.5 mL IM  
Lot # \_\_\_\_\_

COVSIIVec (COVISHIELD - Serum Institute of India) 0.5 mL IM  
Lot # \_\_\_\_\_

COVAUVec (AstraZeneca/University of Oxford) 0.5 mL IM  
Lot # \_\_\_\_\_

AHS Batch Number \_\_\_\_\_

Dose  1 of 2  2 of 2  
 3  4 (travel only)

Site **Arm**  Left  Right  
**Leg**  Left  Right

**Immunizer Information**

First Name, Last Name	Designation	Signature
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Meditech ID \_\_\_\_\_

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.