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|---|--------------------|--|--|--|-----------------------------|--|------------|----------------------------------|--|-----------|--|--|------------|----------|--|------------|-------------------|--|------------|---------------------------------|--|-----------|--------------------------|--|------------|-----------|--|----------|-------------------------|--|-----------|-------------------|---------|--|--|
| Last Name | | First Name | | | Initial | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provincial Health Care Number/ULI | | Age | Gender | Date of Birth (dd-Mon-yyyy) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Alberta Address | | | Phone (Home) | Phone (Cell) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | Province AB | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Informed Consent | Date (dd-Mon-yyyy) | | Time (hh:mm) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vaccine Given <input type="checkbox"/> No - go to Not Administered Section ► <input type="checkbox"/> Yes - go to Administered Section ▼ | | | <input checked="" type="checkbox"/> Vaccine NOT Administered (provide reason code) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Vaccine Administered (provide reason code) | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 35%;">NGADVREACT</td> <td>Previous Adverse Reaction</td> </tr> <tr> <td></td> <td>NGALLERGY</td> <td>Allergic to Vaccine Ingredient/Component</td> </tr> <tr> <td></td> <td>NGDEFERRED</td> <td>Deferred</td> </tr> <tr> <td></td> <td>NGIMMUNCOM</td> <td>Immunocompromised</td> </tr> <tr> <td></td> <td>NGNOCONSNT</td> <td>No Consent or Unable to Contact</td> </tr> <tr> <td></td> <td>NGNTELGIB</td> <td>Not Eligible/Recommended</td> </tr> <tr> <td></td> <td>NGPREGNANT</td> <td>Pregnancy</td> </tr> <tr> <td></td> <td>NGREFUSE</td> <td>Refused Vaccine Consent</td> </tr> <tr> <td></td> <td>NGTEMPILL</td> <td>Temporary Illness</td> </tr> <tr> <td colspan="3">Comment</td> </tr> </table> | | | | NGADVREACT | Previous Adverse Reaction | | NGALLERGY | Allergic to Vaccine Ingredient/Component | | NGDEFERRED | Deferred | | NGIMMUNCOM | Immunocompromised | | NGNOCONSNT | No Consent or Unable to Contact | | NGNTELGIB | Not Eligible/Recommended | | NGPREGNANT | Pregnancy | | NGREFUSE | Refused Vaccine Consent | | NGTEMPILL | Temporary Illness | Comment | | |
| | NGADVREACT | Previous Adverse Reaction | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | NGALLERGY | Allergic to Vaccine Ingredient/Component | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | NGDEFERRED | Deferred | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | NGIMMUNCOM | Immunocompromised | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | NGNOCONSNT | No Consent or Unable to Contact | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | NGNTELGIB | Not Eligible/Recommended | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | NGPREGNANT | Pregnancy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | NGREFUSE | Refused Vaccine Consent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | NGTEMPILL | Temporary Illness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Comment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td> <td style="width: 10%;">22</td> <td>Long-term Care/DSL Resident</td> </tr> <tr> <td></td> <td>50</td> <td>Routine Recommended Immunization</td> </tr> <tr> <td></td> <td>66</td> <td>Other Risk</td> </tr> </table> | | | | 22 | Long-term Care/DSL Resident | | 50 | Routine Recommended Immunization | | 66 | Other Risk | | | | | | | | | | | | | | | | | | | | | | | | |
| | 22 | Long-term Care/DSL Resident | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 50 | Routine Recommended Immunization | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 66 | Other Risk | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vaccine Administration Details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manufacturer | | | Site | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> COVMODmRNAXBB (Spikevax XBB.1.5) <input type="checkbox"/> 0.25 mL OR <input type="checkbox"/> 0.5 mL IM (Manufacturer: Moderna) Lot # _____ | | | Arm <input type="checkbox"/> Left <input type="checkbox"/> Right Leg <input type="checkbox"/> Left <input type="checkbox"/> Right | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> COVPBmRNAXBB (Comirnaty XBB.1.5) 0.3 mL IM (Manufacturer: Pfizer/BioNTech) Lot # _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Immunizer (First Name, Last Name, 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 or community health centre. If you do not know your local public health or community health centre, call Health Link at 811 to get this information.

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