

Last Name			First Name			Initial		
Provincial Health Care Number/ULI			Age	Administrative 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 ▼				(✓) Vaccine NOT Administered (provide reason)				
				<div style="border: 1px solid black; padding: 2px;">Not Recommended</div> <div style="border: 1px solid black; padding: 2px;">Refusal</div> <div style="border: 1px solid black; padding: 2px;">Temporary Deferral</div> <div style="border: 1px solid black; padding: 2px; height: 100px;">Comment</div>				
(✓) Vaccine Administered (provide reason code)								
	22	Long-term Care/DSL Resident						
	50	Routine Recommended Immunization						
	66	Other Risk						
Vaccine Administration Details								
Manufacturer <input type="checkbox"/> COVMODmRNAKP (Spikevax KP.2) <input type="checkbox"/> 0.25 mL OR <input type="checkbox"/> 0.5 mL IM (Manufacturer: Moderna) Lot # _____ <input type="checkbox"/> COVPBmRNAKP (Comirnaty KP.2) 0.3 mL IM (Manufacturer: Pfizer/BioNTech) Lot # _____				Site Arm <input type="checkbox"/> Left <input type="checkbox"/> Right Leg <input type="checkbox"/> Left <input type="checkbox"/> Right				
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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