

Influenza Immunization Record

Last Name		First Name		Initial	Administrative 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 Connect Care 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 Quadrivalent (SF) 0.7 mL IM Lot # _____
<input type="checkbox"/>	Flucelvax Quad (Seqirus) 0.5 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	

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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