

Influenza Immunization Record

| | | | | | |
|---|----------|-------------|-----|--|--------|
| Last Name | | First Name | | Initial | 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 Meditech 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"/> | Other _____ Lot # _____ |

| | |
|------|---|
| Dose | <input type="checkbox"/> Annual |
| | <input type="checkbox"/> 1 of 2 <input type="checkbox"/> 2 of 2 |

| | | | |
|------|------------|-------------------------------|--------------------------------|
| 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 | Meditech ID Number |

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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