Vaccine Recording Form for Acute Care [Covid-Flu-Pneumo]

From an Island Health email address, email form to PPH.InfoSystems.Support@islandhealth.ca

Site:	Unit:	Unit phone:	Supervisor's email:

Patient Sticker (or written information)		**Administration Details**	
Patient's legal last name:	Patient's legal first name	**Product:** ☐ Covid-19 ☐ Influenza ☐ Pneumococcal	**Date Given: y-m-d**
Gender	Date of birth: y-m-d	**Trade Name:**	**Time Given:**
Personal Health #		**Lot #:**	**Dose:** _____ mL

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Personal Health #		**Lot #:**	**Dose:** _____ mL

Emailed to PPH.InfoSystems.Support@islandhealth.ca by:	**Date & Time Emailed:**