

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



From an Island Health email address, email form to PPH.InfoSystems.Support@islandhealth.ca
 The *Public Health Informatics Team (PHIT)* cannot accept forms emailed directly from printers.

Site:	Unit:	Unit phone:	Supervisor's email:
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Patient Sticker (or written information)		Vaccine	Administration	Immunizer/Provider
Patient's legal last name:	Patient's legal first name	Product: <input type="checkbox"/> Covid-19 <input type="checkbox"/> Influenza <input type="checkbox"/> Pneumococcal	Date Given: y-m-d	Provider's Last Name
Gender	Date of birth: y-m-d	Trade Name:	Time Given:	Provider's First Name
Personal Health #		Lot #:	Dose: _____ mL	Signature:
Consent Obtained From: <input type="checkbox"/> Consent Previously Obtained <input type="checkbox"/> Client <input type="checkbox"/> Client (mature minor) <input type="checkbox"/> Substitute Decision Maker/Parent or Guardian Name of Person Giving Consent: _____		Consent given to: (Full Name & Designation)	Injection Site: <input type="checkbox"/> Left Deltoid <input type="checkbox"/> Right Deltoid <input type="checkbox"/> Other(specify)	Designation: <input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> MD <input type="checkbox"/> Other (specify)

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