Immunization Input Form for Health Care Providers

Manitoba
Health, Seniors and Active Living

Clinic/Facility/Agency *(service delivery location)*

Person submitting form

City/Town/Community

Contact Phone Number

Organization type *(if known - i.e. Occ. Health, Long Term Care)*

Date Submitted

For Influenza Only
Facilities (PCHs/Hospitals) and Occupational Health
Document Reason for Immunization Code
(1) Residents or Patients
(2) Staff
(3) Visitors, Volunteers etc.

Please submit completed forms as soon as possible to your local Public Health Office (link to list of public health offices - gov.mb.ca/health/publichealth/offices.html)

Client PHIN (9 digit health #)	Last Name	First Name	Date of Birth (YYYY-MM-DD)	Gender (M / F)	Vaccine Name	Tariff Code (if known)	Date Given (YYYY-MM-DD)	Lot Number (if available)	Reason for Influenza Code	Provider Name

Immunizations administered in First Nations Communities.
Please fax forms to First Nations Inuit Health Branch

Winnipeg Influenza Forms please mail to:
Influenza Clerk: 490 Hargrave St, Winnipeg, Manitoba, R3A 0X2

For optimal results print on legal size paper

(January 2017)