

# Immunization Record Correction Form for Health Care Providers



**Clinic/Facility/Agency**

(service delivery location) \_\_\_\_\_

**Person submitting form** \_\_\_\_\_

**City/Town/Community** \_\_\_\_\_

**Contact Phone Number** \_\_\_\_\_

**Date Submitted** \_\_\_\_\_

Please submit completed forms to your local Public Health Office

The list of public health offices can be located at [www.gov.mb.ca/health/publichealth/offices.html](http://www.gov.mb.ca/health/publichealth/offices.html)

## Please correct the immunization record of the following patient/client

### Patient/Client Information

**Last Name** \_\_\_\_\_

**First Name** \_\_\_\_\_

**Client PHIN** \_\_\_\_\_

(9 digit health #)

**Client DOB** \_\_\_\_\_

(YYYY-Month-DD)

### Change Request:

- Document all data elements of the current record as displayed in the provincial immunization registry.
- Complete action required for each data element to be changed – delete record or change
- List the corrected data element(s) under “New Record”.

Data elements of Current Record		Action Required (check all that apply)	New Record (list changes in the required data elements)
Name of Vaccine		<input type="checkbox"/> Delete record – entered in error <input type="checkbox"/> Delete record - duplicate <input type="checkbox"/> Change	
Date Administered		<input type="checkbox"/> Change	
Provider Name		<input type="checkbox"/> Change	
Service Delivery Location		<input type="checkbox"/> Change	
<b>Comments:</b>			

### Additional Vaccines (for the above named client)

- Document the vaccines that need to be added to the provincial immunization registry in the table below.

Vaccine Name	Date Administered	Provider name (if known)