

# Vaccine Administration Reporting Form for Clients With No PHIN or Not Found in PHIMS



\_\_\_\_\_  
Name of Location (Service Delivery Location)

\_\_\_\_\_  
Person Submitting Form

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

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

\_\_\_\_\_  
Organization Type  
(if known - i.e., medical clinic, pharmacy, etc.)

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

**Immunization providers are to use this form to report ANY immunizations administered to clients without a Manitoba personal health identification number (PHIN) and/or clients that cannot be found in the Public Health Information Management System (PHIMS).**

**Please type the information within the form, then print and fax to 1-204-945-6482. All fields are mandatory, some fields require more than one (1) piece of information. Hand written forms are not recommended.**

Out Of Province Health Card Number (If Available)	First Name	Last Name	House / Apartment Number and Street Name	City/Town and Postal Code	Telephone Number and/or Email Address	Date of Birth (YYYY-MM-DD)	Gender (M/F/X)	Vaccine Brand Name and Product	Date Given (YYYY-MM-DD)	Lot Number	<u>Dosage, Site and Route</u>	Provider Name