

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.

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	Dosage, Site and Route	Provider Name