

COVID-19 Immunization Record

Site/Clinic Location \_\_\_\_

Last Name First Name								Initia	I	Gender	
Provincial Health Care Number/ULI						Age		Date	Date of Birth (dd-Mon-yyyy)		
Alberta Address						Phone (Home) Phone (Cell)					
City Province Postal Code						Consent to receive appointment reminders or Public					
Alberta						Health Notifications  Yes  No					
Out of Province Address (if applicable)						Province Status New to Alberta Visit					
Informed Consent Date (dd-Mon-yyyy)								Time (hh:mm)			
Vacc	ine G	Given 🗌 No - go to	Section ►	(     Vaccine NOT Administered (provide reason code)							
Vaccine Given						NGADVREACT Previous Adverse Reaction					
						NGALLERGY Allergic to Vaccine Ingredient/Component					
(*)	(<) Vaccine Administered (provide reason code)					NGDEFE		Deferred			
	22 Long-term Care/DSL Resident				_	NGIMMUNCOM Immunocompromised				promised	
	50					NGNOC	ONSNT	No Consent or Unable to Contact			
	66 Other Risk					NGNTELIGIB Not Eligible/Recommended				Recommended	
						NGPREGNANT Pregnancy					
						NGREFUSE Refused Vaccine Consent					
						NGTEM	PILL	Temporary Illness			
					Comment						
Vaccine Administration Details											
Man	ufac	turer									
COVMODmRNAXBB (Spikevax XBB.1.5)											
O.50 mL IM     (Manufacturer: Moderna)											
Lot #											
Site Arm 🗌 Left 🔄 Right											
Leg Left Right											
Immu		r (First Name, Last Nam		D	Signat	ure					

Health information is collected according to Section 20 of the *Health Information Act (HIA)*. This information is used to provide health services, determine eligibility for health services, or to carry out any other purpose authorized by the HIA. If you have any questions about this please contact the healthcare provider offering the immunization or contact your local public health or community health centre. If you do not know your local public health or community health Link at 811 to get this information.