

Last Name		First Name		Initial	Gender																		
Provincial Health Care Number/ULI			Age	Date of Birth (dd-Mon-yyyy)																			
Alberta Address		Phone (Home)		Phone (Cell)																			
City	Province Alberta	Postal Code	Consent to receive appointment reminders or Public Health Notifications <input type="checkbox"/> Yes <input type="checkbox"/> No																				
Out of Province Address (if applicable)		Province		Status <input type="checkbox"/> New to Alberta <input type="checkbox"/> Visitor																			
<input type="checkbox"/> Informed Consent		Date (dd-Mon-yyyy)		Time (hh:mm)																			
Vaccine Given <input type="checkbox"/> No - go to Not Administered Section ► <input type="checkbox"/> Yes - go to Administered Section ▼			(✓) Vaccine NOT Administered (provide reason code)																				
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50 Routine Recommended Immunization																							
66 Other Risk																							
			Comment 																				
Vaccine Administration Details																							
Manufacturer																							
<input type="checkbox"/> COVMODmRNAXBB (Spikevax XBB.1.5) <input type="checkbox"/> 0.25 mL OR <input type="checkbox"/> 0.50 mL IM (Manufacturer: Moderna) Lot # _____																							
Site Arm <input type="checkbox"/> Left <input type="checkbox"/> Right Leg <input type="checkbox"/> Left <input type="checkbox"/> Right																							
Immunizer (First Name, Last Name, Designation)		Meditech ID		Signature																			