COVID-19 and School Vaccine Inputting Form for Medical Clinics for Patients without a Manitoba PHIN

Manitoba

Medical clinics are to use this form to record COVID-19 vaccines and school immunizations (HPV, Hepatitis B, Men-C-ACYW-135, Tdap and Tdap-IPV) given at your clinic to patients without a Manitoba personal health identification number (PHIN).

Medical Clinic (service delivery location) _____

Person submitting form _____

City/Town/Community _____

Contact Phone Number _____

Client ID# _____

Date Submitted _____

Please fax this form (even if only one entry), every Monday and Thursday of each week to (204) 957-4342.

PHIN If NO PHIN, Indicate Place of Residence & Health Card Number (if available)	Last and First (Legal) Name	Address (house/ apartment/unit number and street name, city/town, postal code)	Date of Birth (YYYY-MM-DD)	Sex (M/F/X)	Vaccine Name Tariff Code	Route & Site of Administration (e.g., IM, right deltoid)	Date Given (YYYY-MM-DD)	Lot Number	Provider Name

Updated: August 17, 2021