

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



Medical clinics are to use this form to record COVID-19 and Flu vaccines as well as 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 204-945-6482.**

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 <a href="#">Tariff Code</a>	Route & Site of Administration (e.g., IM, right deltoid)	Date Given (YYYY-MM-DD)	Lot Number	Provider Name