

Directions for Use of the Influenza Immunization Record

Print in open areas or fill in the blanks.

Place a \checkmark or X in the tick box that applies.

Age: Print current age. It is the immunizer's responsibility to confirm the correct age based on the date of birth.

Date of Birth: Print as dd-Mon-yyyy (e.g. Oct 3, 1939 is to be recorded as 03-Oct-1939).

Out of Province Address: Complete this section **ONLY** for temporary residents (e.g., persons attending school in Alberta or persons working temporarily in Alberta).

Status: Complete this section **ONLY** if the client does not have a Provincial Health Care or Unique Lifetime Identifier (ULI) number. Examples include:

- New to Alberta: person is resident of Alberta but has not applied or received their provincial health care number.
- Visitor: includes out of province students and temporary workers only.

Influenza Vaccine

Informed Consent: AHS Consent to Treatment/Procedure(s) Policy and Standard for informed consent has been met and fit to immunize assessment has been completed. For immunization specific consent forms refer to zone processes.

Reason Code:

- Place a \checkmark or X in the tick box

Dose:

- Annual
 - Use for children who received seasonal influenza vaccine in a previous influenza season.
 - Use for all persons aged 9 years of age and older who require only one dose of vaccine in the current influenza campaign.
- Dose 1 of 2 and 2 of 2:
 - Use **ONLY** for children 6 months of age up to and including 8 years of age who qualify for 2 doses of vaccine during the current influenza campaign. There will be no dose twos in the first 4 weeks of the campaign.

Vaccine (Manufacturer):

- Place a \checkmark or X in one tick box **ONLY** indicating which vaccine was given. "Other" has been included in the list of vaccines in case there are last minute changes to vaccine products.

Lot #:

- Record lot number of vaccine administered.

Site:

- Place a \checkmark or X in one tick box **ONLY** indicating site of vaccine administration.

Date Vaccine Given:

- Record the date the influenza vaccine was given in the same format as the Date of Birth, e.g. dd-Mon-yyyy.

Time Vaccine Given:

- Record the time the influenza vaccine was given in 24 hour format (hh:mm).

Immunizer's Full Name (first, last)//Designation:

- Please **PRINT** full first and last name and designation clearly

The Influenza Immunization Record is to be used for internal purposes only (e.g. downtime form). It is not to be used as a record of immunization and is not to be given to the client by the immunizer.

For AHS administered vaccine, upon a client's request, AHS will release health information, including the immunizer's full first and last name, pursuant to Health Information Act (HIA), the Freedom of Information and Protection of Privacy Act (FOIP), and the Health Professions Act (HPA), unless the exceptions in s.11(1) of the HIA apply.

For the fillable online form – complete online and print copies as needed or print and complete by hand and photocopy as needed.