

# Vaccine Administration Reporting Form for Clients With No PHIN or Not Found in PHIMS



\_\_\_\_\_  
Name of Location (Service Delivery Location)

\_\_\_\_\_  
Contact Name and Phone Number

\_\_\_\_\_  
City/Town/Community

\_\_\_\_\_  
City/Town/Community

\_\_\_\_\_  
Client ID#

\_\_\_\_\_  
Date Submitted

Immunization providers are to use this form to report ANY immunizations administered to clients without a Manitoba personal health identification number (PHIN) and/or clients that cannot be found in the Public Health Information Management System (PHIMS).

**Please type the information within the form, print it, then fax it to 204-945-6482 on Mondays or Thursdays. Handwritten forms are not recommended.**

PHIN If NO PHIN, Indicate Place of Residence & Health Card Number (if available)	Last and First (Legal) Name	Address and contact information (full address, phone number, email address)	Date of Birth (YYYY-MM-DD)	Sex (M/F/X)	Vaccine Name (i.e. Twinrix Jr.)	Route, Dosage & Site of Administration (e.g. 0.3ml, IM, Right Deltoid)	Lot Number	Date Given (YYYY-MM-DD)	Provider Name