Prince Edward Island CANADA Health and Wellness

Immunization Report Form

Name:	
PHN:	
Date of Birth:	yyyy-mm-dd
Sex:	☐ Male ☐ Female
Civic Address:	
Date vaccine given:	yyyy-mm-dd
Name & Location of Clinic/Office	
Comments:	

Check all Products administered during this visit:

	Product Name	Vaccine		Product Name	Vaccine
	Boostrix Polio	DaPTP- Diph,acel Pert,Tet & Polio		Menjugate	Men-C-C-Meningococcal Conjugate C
	Boostrix	dTap-Diph,Tetanus & acel Pertussis		Nimenrix	Men-P-ACYW-Meningo PolysacchACYW135
	Infanrix Hexa	DTap-HB-IPV-Hib		M-M-R II/Priorix	MMR-Measles, Mumps, Rubella
	Pediacel	DTaP-IPV-Hib		ProQuad	MMRV-Measle,Mumps,Rubella,Varicella
	VAQT/HAVRIX	Hepatitis A		Prevnar-13	Pneumococcal Conjugate 13
	Twinrix/Twinrix Jr	Hepatitis A and B		Pneumo-23	Pneumococcal Polysacch 23
	Recombivax HB/Engerix	Hepatitis B		Rabavert	Rabies
	Hiberix	Hib-Haemophilus influenza type b		Rotarix, Rotateq	Rotavirus
	Gardasil	HPV-Human Papillomavirus		Td ADSORBED	Td-Tet,Diph-adult
	Fluzone	Influenza		Varilrix/Varivax III	Varicella
	High-dose Fluzone-LTC	Influenza		Zostavax/Zostavax II	Shingles
	Flumist	Influenza		Shingrix	Shingles
	Menveo	Men-C-ACYW-MeningoConjugate ACYW135			

Please return this form by **fax or mail** to:
Chief Public Health Office
PO Box 2000
Charlottetown, Prince Edward Island C1A 7N8
Phone: (902) 368-4996
Fax: (902) 620-3354