



Manual Form for COVID-19 and Seasonal Influenza

Administration for PEI residents without a PEI Personal Health Card Number

Pharmacy Name _____

Pharmacy Address _____

Date of Administration (DD Month YYYY)	Patient Name (First and Last)	DOB (DD Month YYYY)	Civic Address (Street, City, Province/State/Country, Postal Code)	Vaccine Product Name and Lot Number	Administration Fee (\$)

Please send completed form to:

PEI Chief Public Health Office

P.O. Box 2000

Charlottetown, PE

C1A 7N8

Or FAX: (902) 620-3354