

Administration Form for Influenza or Pneumococcal vaccine (for Data Entry to PHIS)

The demographic and vaccine administration information included in this form was verified and validated by a second clinician (other than the immunizer) at the immunization site to ensure and document the completeness and accuracy of all Immunization Records.

This validation (double check) must be done and documented prior to sending (for entry) or entering the information.

All completed paper administration forms need to be sent via Canada Post Xpress post which is considered a secure method of delivery. These forms must be placed in an envelope, seal the flap and write initials on the flap. Then mail the envelopes to:

C/O Data Entry Team

GNB Department of Health HSBC Place

520 King Street, 4th Floor Reception Fredericton, NB E3B 5G8

Each time you mail an envelope, you must send an email to Phisisp@gnb.ca notifying them that an envelope has been sent and provide the following information:

- # of admin forms in envelope
- Tracking number for envelope

The paper administrative/consent forms can be emailed to the data entry team by fax to email using 1-833-415-1830.

The data entry team will send a reply to you when the envelope has been received.

Note: These administration forms **do not need** to be completed for influenza vaccines administered by Pharmacists entering the immunization information in the Drug Information System (DIS) or by Physicians/Nurse Practitioners who submit billing to medicare.

Section 1 – Personal Information

Clear Form

Last name		First name		Medicare number	
Home phone	Mobile phone	Email		Immunization Site (Name of nursing home, adult residential facility, etc.)	
Street address			City	Province	Postal code
DOB (YY/MM/DD)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		Client of Extramural Program <input type="checkbox"/> Yes	
Reason for immunization <input type="checkbox"/> Long-term care worker <input type="checkbox"/> Long-term care resident <input type="checkbox"/> Long-term care resident waiting for Nursing Home bed <input type="checkbox"/> Patient <input type="checkbox"/> Other					

Section 2 – Consent (not required if facility has own consent process)

CONSENT for an INFLUENZA VACCINATION	
I, Resident's name (please print) _____ give consent to receive Influenza Vaccination .	
Resident's signature: _____	Date: _____
I, Substitute Decision Maker's name (please print): _____ give consent for Resident's name (please print): _____ to receive Influenza Vaccination.	
Substitute Decision Maker's signature: _____	Date: _____

OFFICE USE ONLY

Section 3 – Administration of Vaccines

Influenza Vaccine	Lot # Date of exp.	Site	Route	Dosage (ml)	Date (YY/MM/DD)	Time	Print name and signature of im
Fluzone HD (65 years or older)		<input type="checkbox"/> Right arm <input type="checkbox"/> Left arm	<input type="checkbox"/> IM	0.7 ml			
Fluzone Quad		<input type="checkbox"/> Right arm <input type="checkbox"/> Left arm	<input type="checkbox"/> IM	0.5 ml			
FluLaval Tetra		<input type="checkbox"/> Right arm <input type="checkbox"/> Left arm	<input type="checkbox"/> IM	0.5 ml			
Pneumococcal 23 Vaccine	Lot # Date of exp.	Site	Route	Dosage (ml)	Date (YY/MM/DD)	Time	Print name and signature of im
Pneumovax 23		<input type="checkbox"/> Right arm <input type="checkbox"/> Left arm	<input type="checkbox"/> IM	ml			

DATA ENTRY into PHIS		
Vaccines entered <input type="checkbox"/> Yes	Date entered (YYYY/MM/DD)	Person who entered data (printed)

13941 | 2022-09-01