

COVID-19, School and Flu Vaccine Inputting Form for Pharmacies for Clients Not Found in PHIMS



Pharmacy (service delivery location) _____

Pharmacy _____

City/Town/Community _____

City/Town/Community _____

Client ID# _____

Date Submitted _____

Pharmacies are to use this form to record COVID-19 and flu vaccines as well as school immunizations (HPV, Hepatitis B, Men-C-ACYW-135, Tdap and Tdap-IPV) given at your pharmacy to clients without a Manitoba personal health identification number (PHIN) and/or for clients that cannot be found in the Public Health Information Management System (PHIMS).

Please fax this form (even if only one entry), every Monday and Thursday of each week to 204-945-6482.

PHIN If NO PHIN, Indicate Place of Residence & Health Card Number (if available)	Last and First (Legal) Name	Address (house/ apartment/unit number and street name, city/ town, postal code)	Date of Birth (YYYY-MM-DD)	Sex (M/F/X)	Vaccine Name Tariff Code	Route & Site of Administration (e.g., IM, right deltoid)	Date Given (YYYY-MM-DD)	Lot Number	Provider Name