



## Immunization Report Form

Name:	
PHN:	
Date of Birth:	yyyy-mm-dd
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> 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
Quadracel/Adacel Polio	DaPTP- Diph, acel Pert, Tet & Polio	Menveo/Menactra	Men-C-ACYW-MeningoConjugate ACYW135
Adacel/Boostrix	dTap-Diph, Tetanus & acel Pertussis	Menjugate/Neis-Vac	Men-C-C-Meningococcal Conjugate C
Infanrix Hexa/Pediacel	DTap-HB-IPV-Hib	Menamune	Men-P-ACYW-Meningo PolysacchACYW135
Pentacel	DaPTP-Act Hib	M-M-R II/Priorix	MMR-Measles, Mumps, Rubella
VAQT/HAVRIX	Hepatitis A	Priorix-Tetra	MMRV-Measle, Mumps, Rubella, Varicella
Twinrix	Hepatitis A and B	Pprevnar-13	Pneumococcal Conjugate 13
Recombivax HB/Engerix	Hepatitis B	Pneumo-23	Pneumococcal Polysacch 23
Act-Hib	Hib-Haemophilus influenza type b	Rabavert	Rabies
Gardasil	HPV-Human Papillomavirus	Rotarix, Rotatec	Rotavirus
Fluzone	Influenza	Td POLIO ADSORBED	Td-IPV-Tet, Diph, Pol-adult
Fluad	Influenza	Td ADSORBED	Td-Tet, Diph-adult
Flumist	Influenza	Varilrix/Varivax	Varicella
		Other	

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