



**REPORT OF
INFLUENZA IMMUNIZATION**

Provider: _____

(Name of hospital, clinic, first nation, band, nurse practitioner, pharmacy etc.)

Contact Person: _____

Telephone: _____

Instructions:

1. Fax completed form to Public Health at the number below
 - **Deadlines:** December 15th and April 30th
2. Return unused vaccine to Public Health
 - **Deadline:** May 1st

Total doses received from Public Health _____

Total Immunized as of:	6-23 months	2-8 years	9-17 years	18-64 years	>65 years	Pregnant
Oct 1 thru Dec 15						
Dec 16 thru Apr 30						

Public Health Fax Numbers

Central

Armstrong	250-546-9821	Lumby	250-549-5711	Princeton	250-295-4443	Sicamous	250-836-3166
Enderby	250-546-9821	Oliver	250-498-0351	Revelstoke	250-814-2243	Summerland	250-404-8057
Kelowna	250-868-7809	Osoyoos	250-495-5142	Rutland	250-765-7710	Vernon	250-549-5711
Keremeos	250-499-3027	Penticton	250-770-3410	Salmon Arm	250-833-4117	West Kelowna	250-768-9813

West

Ashcroft	250-453-1952	Clearwater	250-674-2477	Merritt	250-378-3287
Barriere	250-672-5144	Kamloops	250-851-7301	Williams Lake	250-302-5002
Chase	250-679-5329	Lillooet	250-256-1332	100 Mile House	250-395-7675

East

Castlegar	250-365-4303	Fernie	250-423-8280	Kaslo	250-353-2738	Nelson	250-505-7211
Cranbrook	250-420-2295	Golden	250-344-2817	Kimberley	250-427-7389	Sparwood	250-425-2378
Creston	250-428-3880	Grand Forks	250-443-3180	Midway	250-449-2889	Trail	250-364-6218
Elkford	250-425-2378	Invermere	250-342-2373	Nakusp	250-265-4435		