

## Report of Influenza Immunization

Provider Name *(name of hospital, clinic, first nation band, nurse practitioner etc.)* \_\_\_\_\_

Provider address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Number \_\_\_\_\_

Total doses administered as of:	6 – 23 months	2 – 8 years	9 – 17 years	18 – 64 years	> 65 years
October 1st – December 15th					
December 16th – April 30th					

- Annual reporting deadlines:
1. December 15th
  2. April 30th

Reporting forms are used to determine uptake as vaccine for the following season is ordered in January of each year. Submitted forms will result in an automatic allocation in the next season. If you wish to amend your order next season, please submit [Provider Influenza Vaccine Order Form \(interiorhealth.ca\)](http://interiorhealth.ca).