

# REPORT OF IMMUNIZATION

## Client Under 18 Years Of Age

Immunizers are required to submit this form to [Vaccines@interiorhealth.ca](mailto:Vaccines@interiorhealth.ca)

<b>Patient Information</b>				
Legal Name _____				
Legal Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown <input type="checkbox"/> Undifferentiated				
Date of Birth (dd/mmm/yyyy) _____ / _____ / _____ PHN _____				
Address _____				
Home Phone _____		Work Phone _____		Extension _____ Cell _____
<b>Provider Information</b>				
Business Name _____				
Immunizer Name _____				
Address _____				
Phone _____				
Trade Name _____				
Agent(s) _____		Dosage _____		
Lot Number _____		Date Administered (dd/mmm/yyyy) _____		
Site	<input type="checkbox"/> Left Arm	<input type="checkbox"/> Left Dorsogluteal	<input type="checkbox"/> Left Leg	<input type="checkbox"/> Left Ventrogluteal
	<input type="checkbox"/> Right Arm	<input type="checkbox"/> Right Dorsogluteal	<input type="checkbox"/> Right Leg	<input type="checkbox"/> Right Ventrogluteal
	<input type="checkbox"/> Nasal	<input type="checkbox"/> Oral	<input type="checkbox"/> Wound	
Route	<input type="checkbox"/> Infiltrate	<input type="checkbox"/> Intradermal	<input type="checkbox"/> Intramuscular	<input type="checkbox"/> Intranasal
	<input type="checkbox"/> Intravenous	<input type="checkbox"/> Oral	<input type="checkbox"/> Subcutaneous	
Trade Name _____				
Agent(s) _____		Dosage _____		
Lot Number _____		Date Administered (dd/mmm/yyyy) _____		
Site	<input type="checkbox"/> Left Arm	<input type="checkbox"/> Left Dorsogluteal	<input type="checkbox"/> Left Leg	<input type="checkbox"/> Left Ventrogluteal
	<input type="checkbox"/> Right Arm	<input type="checkbox"/> Right Dorsogluteal	<input type="checkbox"/> Right Leg	<input type="checkbox"/> Right Ventrogluteal
	<input type="checkbox"/> Nasal	<input type="checkbox"/> Oral	<input type="checkbox"/> Wound	
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Route	<input type="checkbox"/> Infiltrate	<input type="checkbox"/> Intradermal	<input type="checkbox"/> Intramuscular	<input type="checkbox"/> Intranasal
	<input type="checkbox"/> Intravenous	<input type="checkbox"/> Oral	<input type="checkbox"/> Subcutaneous	

Clients should also be directed to submit all unrecorded / additional immunization records to [www.immunizationrecord.gov.bc.ca](http://www.immunizationrecord.gov.bc.ca). Records submitted will be reviewed by a health care professional, and the B.C. Immunization Registry updated.