

As per the Public Health Act, publicly funded vaccinations must be reported to Public Health NB **within 1 week of administration**.

If the provider does not have access to Public Health Information System (PHIS), please send this form to the data entry team by first faxing it using 1-833-415-1830 with a cover sheet stating the name of the facility/immunization clinic and how many consents are being faxed. **Providers must also send an email to coviddataentry@gnb.ca** confirming the faxed consents. If faxing is not an option, contact coviddataentry@gnb.ca for instructions on mailing the consents instead.

Note: These administration forms **do not need** to be completed for influenza/pneumococcal/COVID vaccines administered by Pharmacists entering the immunization information in the Drug Information System (DIS) or by Physicians/Nurse Practitioners who submit billing to Medicare.

ALL immunizers who use this admin form need to have a consent process in place for all 3 individual vaccines (i.e., know which questions to ask depending on the vaccine being given, this includes providing detailed information about this year's vaccine)

SECTION 1 - CLIENT'S PERSONAL INFORMATION

Last Name		First name		Medicare number	
Home phone	Mobile phone	Email		Immunization Site (Name of nursing home, adult residential facility, etc.)	
Street address			City	Province	Postal code
D.O.B (YYYY/MM/DD)		Gender Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>		Client of Extramural Program Yes <input type="checkbox"/>	
Reason for immunization					
Homebound Client <input type="checkbox"/>		Adult Residential Facility <input type="checkbox"/>			

SECTION 2 - CONSENT (not required if facility/immunization clinic has own consent process)

CONSENT for an INFLUENZA and/or a PNEUMOCOCCAL and/or a COVID-19 VACCINATION	
I, Resident's or Substitute Decision Maker's name (please print clearly) _____	
GIVE consent to receive the: 1. Influenza Vaccine and/or <input type="checkbox"/> 2. Pneumococcal Vaccine and/or <input type="checkbox"/> 3. COVID-19 Vaccine <input type="checkbox"/>	
DO NOT GIVE consent to any of these vaccinations <input type="checkbox"/>	
Resident or Substitute Decision Maker's signature: _____	Date: _____

OFFICE USE ONLY

SECTION 3 - ADMINISTRATION OF VACCINES

Influenza Vaccines	Lot # Date of exp.	Site	Route	Dosage (ml)	Date (YYYY/MM/DD)	Time	Print name and signature of immunizer
Fluzone HD <i>(65 years and older)</i>		Right arm <input type="checkbox"/> Left arm <input type="checkbox"/>	IM <input type="checkbox"/>	0.7 ml			
Fluzone Quad		Right arm <input type="checkbox"/> Left arm <input type="checkbox"/>	IM <input type="checkbox"/>	0.5 ml			
FluLaval Tetra		Right arm <input type="checkbox"/> Left arm <input type="checkbox"/>	IM <input type="checkbox"/>	0.5 ml			
FluMist Q-LAIV <i>(children 2-17 only)</i>		Intranasally	Intranasally	0.2 ml (0.1 ml each nostril)			
Pneumococcal Vaccine	Lot # Date of exp.	Site	Route	Dosage (ml)	Date (YYYY/MM/DD)	Time	Print name and signature of immunizer
Pneumovax 23		Right arm <input type="checkbox"/> Left arm <input type="checkbox"/>	IM <input type="checkbox"/>	ml ml			
COVID-19 Vaccines (circle one)	Lot # Date of exp.	Site	Route	Dosage (ml)	Date (YYYY/MM/DD)	Time	Print name and signature of immunizer
Pfizer Comirnaty Moderna Spikevax Novavax Nuvaxovid		Right arm <input type="checkbox"/> Left arm <input type="checkbox"/>	IM <input type="checkbox"/>	ml ml			

DATA ENTRY into the Public Health Information System (PHIS)

Vaccines entered Yes <input type="checkbox"/>	Date entered (YYYY/MM/DD)	Name of Person who entered this data in PHIS (print clearly)
--	---------------------------	--