

Administration Form for Influenza or Pneumococcal vaccine (for Data Entry to PHIS)

All completed paper administration forms need to be sent via Canada Post Xpress post which is considered a secure method of delivery. These forms must be placed in an envelope, seal the flap and write initials on the flap. Then mail the envelopes to:

Mark Mason
 GNB Department of Health
 HSBC Place
 520 King Street, 4th Floor Reception
 Fredericton, NB E3B 5G8

Each time you mail an envelope, you must send an email to Phisisp@gnb.ca notifying them that an envelope has been sent and provide the following information:

- # of admin forms in envelope
- Tracking number for envelope

The data entry team will send a reply to you when the envelope has been received.

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

Section 1 – 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		Client of Extramural Program	
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		<input type="checkbox"/> Yes	
Reason for immunization					
<input type="checkbox"/> Long-term care worker <input type="checkbox"/> Long-term care resident <input type="checkbox"/> Long-term care resident waiting for Nursing Home bed <input type="checkbox"/> Patient <input type="checkbox"/> Other					

Section 2 – Consent (not required if facility has own consent process)

CONSENT for an INFLUENZA VACCINATION	
I, Resident's name (please print) _____ give consent to receive Influenza Vaccination .	
Resident's signature: _____	Date: _____
I, Substitute Decision Maker's name (please print): _____ give consent for Resident's name (please print): _____ to receive Influenza Vaccination.	
Substitute Decision Maker's signature: _____	Date: _____

OFFICE USE ONLY

Section 3 – Administration of Vaccines

Influenza Vaccine	Lot # and Date of exp.	Site	Route	Dosage (ml)	Date (YYYY/MM/DD)	Time	Print name and signature of immunizer
Fluzone HD (65 years or older)		<input type="checkbox"/> Right arm <input type="checkbox"/> Left arm	<input type="checkbox"/> IM	0.7 ml			
Fluzone Quad		<input type="checkbox"/> Right arm <input type="checkbox"/> Left arm	<input type="checkbox"/> IM	0.5 ml			
FluLaval Tetra		<input type="checkbox"/> Right arm <input type="checkbox"/> Left arm	<input type="checkbox"/> IM	0.5 ml			

Pneumococcal 23 Vaccine	Lot # and Date of exp.	Site	Route	Dosage (ml)	Date (YYYY/MM/DD)	Time	Print name and signature of immunizer
Pneumovax 23		<input type="checkbox"/> Right arm <input type="checkbox"/> Left arm	<input type="checkbox"/> IM	_____ ml			

DATA ENTRY into PHIS		
Vaccines entered	Date entered (YYYY/MM/DD)	Person who entered data (printed)
<input type="checkbox"/> Yes		