Public Health Vaccine Line List Influenza & Covid Vaccine Season 2024/2025

Instructions for Use (line one is an example)

- Complete 1 line per vaccine.
- **All areas** in yellow are mandatory and need to be completed.
- Use legal full names where applicable.
- Please include a contact name and number for any questions when sending to Public Health
- Sheet can include multiple dates.
- If printing off the sheet, please ensure handwriting is legible.
- Completed sheets can be sent to kim.benjamin@nshealth.ca

Organization offering Vaccine. Example Occ Health/Inpatient Unit/Ambulatory Clinic	Patient Date of Birth YY-MM-DD	**Patient FIRST NAME** as it appears on Health Card	**Patient Middle Name**	**Patient LAST NAME** as it appears on health card	Preferred Name	GENDER	Health Card Number	Province	Date of Administration	Agent	TRADE NAME	Lot Number	Site	Dose in mLs	Route	Immunizers First Name as it appears on license	Immunizers Last name as it appears on license	Designation of Immunizer
EXAMPLE: SSRH Medical 4b	*1972-12-02*	*Jane*	*D*	*Doe*	*Jane*	*F*	*012345 6789*	*NS*	*2024-10-25*	*Influenza Trivalent*	*Fluad Trivalent*	*TEST123*	*Lt Deltoid*	*0.5*	*IM*	*Jody*	*Sampson*	*RN*