|  |  |
| --- | --- |
| Ministry of Health | Ministry of Health (Ontario) - Wikipedia |
| **COVID-19 Vaccine Data Entry Form (Pfizer)**  | Version 2.0 – May 10, 2021 |
|  |  |
| **CLIENT INFORMATION** |
| Last Name | First Name | Date of Birth (month, day, year) |
|  |  |  | |  |
| Street | City | Province | Postal Code |
|  |  | ON |  |
| Home phone | Mobile Phone | Email |
|  |  |  |
| Institution (if congregate setting) | Ontario Health Card Number |
|  |  |
| Alternate ID | Alternate ID Type |
|  | [ ]  Birth Certificate [ ]  Employee ID [ ]  First Nation [ ]  Passport [ ]  MRN [ ]  Out of province Health Card # [ ]  Driver’s license  |
| Gender  | [ ]  Male [ ]  Female [ ]  Non-binary/Third Gender [ ]  Other [ ]  Prefer not to say [ ]  Unknown |
| **PROXY INFORMATION** |
| Last Name | First Name | Phone |
|  |  |  |
| Relationship to Client | [ ]  Child [ ]  Friend [ ]  Grandparent [ ]  Parent [ ]  Roommate [ ]  Spouse/Partner [ ]  POA [ ]  SDM [ ]  Other |
| **CONSENT** |
| [ ]  Consent to data collection[ ]  Consent to receive the vaccine | Consent to receive communications via:[ ]  Email [ ]  Text/SMS | Consent to receive comms regarding COVID research via:[ ]  Email [ ]  Text/SMS |
| **ADMINISTERED DOSE \*\*\* For Clinic Use Only \*\*\*** |
| Agent | COVID-19 | Anatomical Site | [ ]  Left deltoid [ ]  Right deltoid |
| Product Name | PFIZER-BIONTECH COVID-19 mRNA | Product Name | Pfizer Diluent Sodium Chloride | Route | Intramuscular |
| Lot # |  | Lot # |  | Dose # | 1 of 2 |
| Dose | 0.3 ml | Dose | 0.9% | AEFI? | [ ]  Yes  |
| Date Given | May \_\_\_\_\_\_\_, 2021 | Time Given | \_\_\_\_ : \_\_\_\_ am pm |
| Given By |  | Location |  |
| Reason for Imms | [ ]  Adult of chronic health care[ ]  Advanced age: community dwelling[ ]  Age Priority Population[ ]  Agriculture or Farm Worker[ ]  Agriculture: Temp Foreign Worker – Cong. Setting[ ]  ALC: Alternative Level of Care Patients in Hospitals[ ]  Caregiver of Person with Priority Health Condition[ ]  Child Care Worker[ ]  Community at Greater Risk [ ]  Congregate Living: Essential Caregiver  | [ ]  Congregate Living: Resident[ ]  Congregate Living: Staff[ ]  Education Worker [ ]  Essential worker who cannot work from home[ ]  Food Manufacturing Worker[ ]  Healthcare Worker[ ]  Indigenous community[ ]  Long Term Care: Essential Caregiver[ ]  Long Term Care: Healthcare Worker[ ]  Long Term Care: Other Employee | [ ]  Long Term Care: Other Non-Employee [ ]  Long Term Care: Resident [ ]  Other Priority Population [ ]  Person with Priority Health Condition [ ]  Retirement Home: Essential Caregiver[ ]  Retirement Home: Healthcare Worker [ ]  Retirement Home: Other Employee[ ]  Retirement Home: Other Non-Employee[ ]  Retirement Home: Resident |
| Reason Imms Not Given | [ ]  Healthcare provider determines immunization is contraindicated [ ]  Healthcare provider determines that immunization will be temporarily deferred[ ]  Healthcare provider rrecommends immunization but no consent received  | [ ]  Medically Ineligible [ ]  Deceased[ ]  Moved Out of Province  |
| **Vaccinator:** Please copy relevant information from above into the receipt below, then tear off the receipt and provide to the client. |
|  |
| **Ministry of Health / ministère de la Santé** | Ministry of Health (Ontario) - Wikipedia |
| Name/Nom: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Health Card Number/Numéro de la carte Santé: | # # # # # # \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ |
| Date of Birth/Date de naissance: | \_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_ (month / day/ year) |
| Date/Date: | \_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_ (month / day/ year) \_\_\_\_\_\_\_ : \_\_\_\_\_\_\_ am pm |
| Agent/Agent: | COVID-19 |
| Product Name/Nom du produit: | PFIZER-BIONTECH COVID-19 mRNA |
| Lot/Lot: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Dosage/Dosage: | 0.3 ml |
| Route/Voie: | Intramuscular / intramusculaire |
| Site/Site: | [ ]  Left deltoid / deltoide gauche [ ]  Right deltoid / deltoide droit |
| Dose/Dose | \_\_\_\_ of 2 |
| Administered By/Administré par: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Authorized Organization/Organisme agréé: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please remain on the premises for the next 15 minutes for observation. You are free to leave the vaccination clinic at:Veuillez rester sur place pendant les 15 prochaines minutes aux fins d’observation. Vous pouvez quitter la séance de vaccination à: | \_\_\_\_\_\_\_\_\_\_ |