

Address: _____

 Phone #: _____

Immunization Clinic Worksheet

Name: _____
 DOB: _____ Age: _____
 School: _____
 Address: _____

PARIS Id: _____ PHN: _____
 Gender: _____
 Phone(H): _____ Phone(W): _____

Immunization Alerts			
Date From	Antigen	Alert	Alert Type

Allergies - Current			
A / S	Date Entered	Allergen	Reaction

Planned Immunization(s)					
Immunization	Description	Due Date	Immunization	Description	Due Date

Immunization History Chart							
Immunization	Description	Date	See Note	Immunization	Description	Date	See Note

Note: ED = Date of dose is unknown and has been estimated.
 * = Some or all of this immunization does not meet BC Guidelines. This immunization may need to be repeated.

Immunizations Given							
Date Given (DD/MMM/YYYY)	Antigen	Dose #	Lot #	Trade Name	Body Site	Dose (ml)	Entered

Chicken Pox Disease: Yes No If yes, when _____
 DD/MMM/YYYY

Comments: _____
 Billing: Owing Y / N Amount Owing: _____ Bill to: _____
 Provider: _____
 ----- End of Report -----