High Risk Pneu-C-13 Vaccine Report Form

Please complete form and fax to (807) 625-4828 when Pneu-C-13, the pneumococcal conjugate vaccine, is administered.

Clien Nam	t e	Health Care Provider Use: Reporting vaccine administration:	
D.O.I	3 year / month / day	Date :	
	M F F	Lot #	
Health Card #		Evniny Data	
Clini	c	Expiry Date	
Healt	th Care Provider	Signature	
Phone #			
Pneu-C-13 is Publicly Funded for ≥ 50 years for the following criteria: (please check one)			
	Congenital (primary) immunodeficiency's involving any part of the immune system, including B-lymphocyte (humoral) immunity, T-lymphocyte (cell) mediated immunity, complement system (properdin or factor D deficiencies), or phagocytic Functions (1 dose)		
	Immunocompromising therapy (1 dose) see the CIG		
	Malignant neoplasms including leukemia and Lymphoma (1 dose)		
	Sickle cell disease or other hemoglobinopathies (1 dose) Solid organ or islet cell transplant (candidate or recipient) (1 dose) Asplenia (anatomical or functional) (1 dose) HSCT recipient (3 doses)		
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	HIV (I dose)		

As per Publicly Funded Immunization Schedules for Ontario—October 2015

Personal information collected on this form is under the authority of the Health Protection and Promotion Act, R.S.O. 1990, as amended and in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 and the Personal Health Information Protection Act, 2004. The information collected is to maintain an immunization record for this client. Direct any questions regarding the collection of this information to the Privacy Officer, Thunder Bay District Health Unit, 999 Balmoral Street, Thunder Bay, ON P7B 6E7 Telephone (807) 625-5900.

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