



Date Submitted to Health Unit yyyy-mm-dd

H1N1-2009 Immunization Data Collection Tool

Vaccine Delivery Agent Name & Type of Institution: _____

- Mark all that apply (x), otherwise leave blank (see *Pandemic H1N1 Immunization Data Instruction Sheet*)
- Do not send duplicates

Client	Vaccination Date (yyyy,mm,dd)	Dose		Gender			Date of Birth (yyyy-mm-dd)	Chronic Condition	Pregnant	Remote or Isolated Setting	Health Care Worker	Household Contact or Care Provider	First Responder (police or firefighter)	Swine Worker	Poultry Worker	First Nations
		# 1	# 2	Male	Female	Not known										
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H1N1 Vaccine Wastage Report and Adverse Event Tally

Number of vials of adjuvant* wasted	Number of vials of antigen* wasted	Number of doses of reconstituted vaccine wasted (Arepanrix®)	Number of doses of influenza A (H1N1) monovalent vaccine without adjuvant® wasted	Number of adverse events

*Only record adjuvant and antigen wastage separately if vial wasted separately, otherwise record wastage per dose in reconstituted column.