



Capital Health

Influenza Immunization Notification Form

(To be used for patients only i.e., not staff or volunteers)

Inpatient Outpatient

Lot #: _____

Place Patient Sticker Here

(sticker has appropriate information
required: hospital unit and room,
Health Card #, MRN, Age)

- Fluviral
- Vaxigrip
- Agriflu
- _____

Pregnant: NA
 Yes

Aboriginal, living on a reserve Yes No

Please send completed forms to Halifax Infirmary Pharmacy:

Address - Administrative Assistant, Pharmacy Department

Halifax Infirmary Pharmacy
1796 Summer Street,
2ND Floor, Room 2147
FAX- 473-3904