



## Influenza Immunization Notification Form

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

Inpatient      Outpatient

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

Lot #: \_\_\_\_\_

Fluzone

FluLaval

\_\_\_\_\_

Pregnant:  NA  
 Yes

Aboriginal, living on a reserve     Yes     No

Please send completed forms to Halifax Infirmery Pharmacy :

ADDRESS- Administrative Assistant, Pharmacy Department

Halifax Infirmery Pharmacy

1796 Summer Street,

2<sup>ND</sup> Floor, Room 2417

FAX- 473-3904