



Ministry of Health
and Long-Term Care

Public Health Division

Date Submitted to Health Unit
yyyy-mm-dd

H1N1-2009 Immunization Program
Aggregate Data Collection Form, 2009-11-21

Physician/Family Health Team Name & Location: _____

Aggregate H1N1 Vaccination Data for Week of: Sunday (yyyy/mm/dd) _____ to Saturday (yyyy/mm/dd) _____

- This form may only be used to capture information for vaccines administered after November 21, 2009
- Please submit aggregate counts of the number of people immunized with H1N1 vaccine at your clinic on a weekly basis. Please send a completed form to your health unit every Monday that includes an aggregate count for each day for the previous week (Sunday to Saturday).
- Do not send duplicate copies of the form

Vaccination Date (yyyy/mm/dd)	Total Number of H1N1 Vaccine doses administered at your clinic today
Sunday:	
Monday:	
Tuesday:	
Wednesday:	
Thursday:	
Friday:	
Saturday:	
Total	

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**Please fax to Windsor-Essex County
Health Unit at 519-258-8672.**