



Ministry of Health
and Long-Term Care
Public Health Division

Date Submitted to Health Unit _____
yyyy/mm/dd

H1N1-2009 Immunization Data Collection Tool

Vaccine Delivery Agent Name & Type of Institution: _____

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

Client	Vaccination Date (yyyy/mm/dd)	Dose		Gender			Age in Years	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 Nation
		#1	#2	M	F	Not known										
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																

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 doses separately if wasted separately, otherwise record wastage in reconstituted column.

** In consultation to confirm

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