

Immunization Record Correction Form for Health Care Providers



Clinic/Facility/Agency

(service delivery location) _____

Person submitting form _____

City/Town/Community _____

Contact Phone Number _____

Date Submitted _____

Please submit completed forms to your local Public Health Office

The list of public health offices can be located at www.gov.mb.ca/health/publichealth/offices.html

Please correct the immunization record of the following patient/client

Patient/Client Information

Last Name _____

First Name _____

Client PHIN _____

(9 digit health #)

Client DOB _____

(YYYY-Month-DD)

Change Request:

- Document all data elements of the current record as displayed in the provincial immunization registry.
- Complete action required for each data element to be changed – delete record or change
- List the corrected data element(s) under “New Record”.

Data elements of Current Record		Action Required (check all that apply)	New Record (list changes in the required data elements)
Name of Vaccine		<input type="checkbox"/> Delete record – entered in error <input type="checkbox"/> Delete record - duplicate <input type="checkbox"/> Change	
Date Administered		<input type="checkbox"/> Change	
Provider Name		<input type="checkbox"/> Change	
Service Delivery Location		<input type="checkbox"/> Change	
Comments:			

Additional Vaccines (for the above named client)

- Document the vaccines that need to be added to the provincial immunization registry in the table below.

Vaccine Name	Date Administered	Provider name (if known)