

Validation of Seasonal Influenza Immunization For all Health PEI Health Care Workers (Employees, Physicians, Students, Volunteers and Contract Workers)

THIS SECTION TO BE COMPLETED BY INDIVIDUAL RECEIVING VACCINE

Name (print clearly):	
Date of Birth:	
Department/Unit:	
Provincial Health Card #:	
Employee # (if applicable):	
Name & Location of Immunization Provider:	

THIS SECTION TO BE COMPLETED BY HEALTH CARE PROVIDER ADMINISTERING VACCINE

Date of Immunization:	
Signature of Health Provider:	

Return completed form to your Health PEI Supervisor/Manager

Personal health information on this form is collected by Health PEI for the purposes of your care and for other purposes permitted by the *Health Information Act*, including the planning and management of health services. Your information will be collected, used and disclosed only as permitted by law. For more information, visit www.healthpei.ca/yourprivacy. Additionally, personal information on this form is collected by Health PEI under the authority of Section 31(c) of the *Freedom of Information and Protection of Privacy Act* and will be used for the purposes of tracking seasonal influenza immunization of health care workers, as specified above. For more information on the collection, use or disclosure of this information, contact the Integrated Wellness, Safety, and Disability Manager at 620-3090.