



COVID-19 and Influenza Vaccine Manual Claims Form

- COVID-19 vaccine administration for those without a PEI Personal Health Card Number
- Seasonal Influenza vaccine administration for PEI residents without a PEI Personal Health Card Number

Pharmacy Name _____

Pharmacy Address _____

PHARMACIES MUST ENSURE PATIENTS DO NOT HAVE A CURRENT PEI PHN NUMBER

Date of Administration (DD Month YYYY)	Patient Name (First and Last)	DOB (DD Month YYYY)	Civic Address (Street, City, Province/State/Country, Postal Code)	Vaccine Product Name and Lot Number	Administration Fee (\$)

Please complete this form monthly and send to:

PEI Chief Public Health Office P.O. Box 2000

Charlottetown, PE

C1A 7N8

Or FAX: (902) 620-3354