



Manual Form for:

- 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 send completed form to:

PEI Chief Public Health Office
P.O. Box 2000
Charlottetown, PE
C1A 7N8

Or FAX: (902) 620-3354