

Validation of Influenza and/or COVID-19 Immunization

For all Health PEI Healthcare Workers

All persons involved in providing care and/or services within Health PEI facilities and programs, which includes all employees (casual, permanent, temporary, full-time and part-time employees), physicians (salaried, fee-for-service, contract and locum), 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:	
Product: Influenza and/or COVID-19	
Signature of Health Provider:	

Return completed form to an Employee Health Office or email a copy to:
HPEIEmployeeHealth@ihis.org

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 Director of Occupational Health, Safety & Wellness