Prince Edward Island CANADA Health and Wellness

Immunization Record Form

Name:	
PHN:	
Date of Birth:	
Sex:	Male Female
Civic Address:	
Vaccine Product #1:	
If Other, specify	
Vaccine Product #2:	
If Other, specify	
Vaccine Product #3:	
If Other, specify	
Date vaccine given:	
Name & Location of vaccine administration:	
Comments:	

Please return this form by fax, email, or mail to:

Chief Public Health Office
PO Box 2000
Charlottetown, Prince Edward Island
C1A 7N8
Phone: (902) 368-4996 Fax: (902) 620-3354
Email: epidem@ihis.org