

Patient Injection Administration Record

Patient information			
Patient Name:		PHN:	Date:
Address:			
DOB:	Patient's health status (healthy/not healthy):		
Allergies: ☐ Yes ☐ No	High Risk:		
If yes, List:	☐ Pregnant ☐ Direct Household contact of pregnant women		
Sex:	□ > 65 years of ag	e Aboriginal perso	า
Patient has completed Patient Consent-Medication by injection form			
☐ Yes ☐ No			
Medication for Injection			
Drug/Vaccine Administered:			
DIN:	Lot:	Exp	o. Date:
Administration Information			
Dose administered:		Route:	
Dose sequence:		Administration site:	
Time Administered:		Prescriber:	
Monitoring and Follow up			
Reaction after 15 minutes: Yes No			
Pharmacist Comments:			
Pharmacist Signature:		Regist	ration Number: