



H1N1-2009 Immunization Data Collection Tool

Vaccine Delivery Agent Name & Type of Institution: _____

- Mark all that apply (x), otherwise leave blank (see *Pandemic H1N1 Immunization Data Instruction Sheet*)
- Do not send duplicates

Client	Vaccination Date (yyyy.mm.dd)	Dose		Gender			Age in years	Chronic Condition	Pregnant	Remote or Isolated Setting	Health Care Worker	Household Contact or Care Provider	First Responder (police or firefighter)	Swine Worker	Poultry Worker	First Nations	
		# 1	# 2	Male	Female	Not known											
1																	
2																	
3																	
4																	
5																	
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H1N1 Vaccine Wastage Report and Adverse Event Tally

Number of vials of adjuvant* wasted	Number of vials of antigen* wasted	Number of doses of reconstituted vaccine wasted (Arepanrix®)	Number of doses of influenza A (H1N1) monovalent vaccine without adjuvant® wasted	Number of adverse events

*Only record adjuvant and antigen wastage separately if vial wasted separately, otherwise record wastage per dose in reconstituted column.