

**H1N1-2009 Immunization
Program**
Aggregate Data Collection Form

Physician/Family Health Team Name & Location: _____

Aggregate H1N1 Vaccination Data for Week of: Sunday (yyyy/mm/dd) _____ to Saturday (yyyy/mm/dd) _____

- Use this form to capture information for vaccines administered after November 21, 2009
- Please document aggregate counts of the number of people immunized with H1N1 vaccine at your clinic during each week.
- Fax completed forms for the previous week (Sunday to Saturday) once weekly to Peel Public Health at 905-793-4858.

Vaccination Date (yyyy/mm/dd)	Total Number of H1N1 Vaccine doses administered at your clinic today
Sunday:	
Monday:	
Tuesday:	
Wednesday:	
Thursday:	
Friday:	
Saturday:	
Total	