First Nations Health Authority
Health through wellness

COVID-19 IMMUNIZATION ENTRY FORM (DOWNTIME FORM)

PLEASE PRINT
* = Required Field

SERVICE DELIVERY LOCATION*⁽¹⁾

CLIENT DEMOGRAPHICS

Last Name*	First Name*	Middle Name	BC PHN
Date of Birth* (YYYY/MM/DD)	Sex (Enter: Male, Female, Undifferentiated, Unknown)	Home Phone Number (include area code)	

*If BC PHN is unknown, a phone number AND address are required to align with provincial client identity standards

CLIENT ADDRESS

Country	Province/Territory	City/Town
Address Use (Home, Work, Temporary)	Street Address Line (please confirm and update to most recent address)	Postal Code (IMPORTANT: This is used to identify the client health region)

COVID-19 IMMUNIZATION DATA

Consent Readiness	Provider Last Name*	Provider First Name*
☐ Provider obtained consent from Client (✓)		

Agent*	Date Administered* (YYYY/MM/DD)	Reason for Immunization*⁽²⁾	
		*Other (default)	
Lot Number*	Lot Number Expiry Date (YYYY/MM/DD)	Dosage Amount (eg. 0.3)	Dosage UOM (ie. mL)
Site*	Route*	Trade Name	Manufacturer
Comment (eg. name of person providing consent for client; if a correction is needed for a previously submitted form)			

¹The Service Delivery location where the vaccine was provided can be the name of the Nursing Station or Health Centre
²Reason for Immunization: Choose Other at this time.

Form Created Dec 23/2020

Please submit these forms as soon as completed. Completed forms can be faxed to 604-693-3199 or emailed securely to
panorama@fnha.ca
When available in your community, please use the E-Form COVID-19 IMMUNIZATION ENTRY FORM instead of this downtime form