



Vaccine Incident/Error Reporting Form

1. CLIENT INFORMATION (Please fill out dates using the format DD/MM/YY)

Name: _____ DOB:

D	D	M	M	Y	Y
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Parents/Guardian: _____
Community: _____ Incident Date: _____
Vaccine(s) Involved: _____

2. TYPE OF INCIDENT (circle correct or describe):

Vaccine: _____ Expired: _____ Scheduling error: _____
 Dosage: _____ Wrong Dose: _____ Double Dosed: _____
 Administration: _____ Route: _____ Given too early: _____ Given too late: _____

Other: (describe)

3. Who was involved?

CHN LPN Nsg Student Others (Specify)

4. DESCRIBE WHAT HAPPENED AND ANY IMMEDIATE ACTIONS:

5. CONTRIBUTING FACTORS (eg. busy clinic, distractions, chart access)

6. REPORTERS RECOMMENDATIONS TO AVOID FUTURE INCIDENTS:

7. ACTIONS TAKEN:

8. NOTIFICATION (complete according to policy)

1. Date Client/Guardian notified:

D	D	M	M	Y	Y
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2. Date Supervisor notified:

D	D	M	M	Y	Y
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3. Date Public Health Nurse/MHO Notified:

D	D	M	M	Y	Y
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Please fill out dates using format below:
DD/MM/YY

