

AEFI Reporting Form

Note: This form is for health care practitioners use only. If you are a member of the general public and need to report an adverse event following immunization, please call Health Link at 811 or contact your health provider.

Page 1 of 1

MINDE AVE & W MASRMACIS AB T0C 1N0

1. Today's Date:
26/9/2021

2. Reporter(Your) LastName:
Chan

3. Reporter(Your) FirstName:
Gregory

4. Reporter (Your) SiteType:
Physician

5. If Other SiteType, please specify:

6. Reporter(Your) Phone#:
(only numbers, no -(1))

7. Immunization Facility:

Name	SiteType	If other SiteType, please specify
Maslowas Public Health	Public Health	

8. Immunization Facility Phone#
(only numbers, no -(1))

9. Immunizing Facility Address

Building No./Street/PO Box	City/Town	Province	PostalCode(A1A 1A1)
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10. Select Zone: (Click [here](#) to determine zone.)

Central

11. Patient LastName:

12. Patient FirstName:

13. If Patient is a minor, then Parent/Guardian

LastName	FirstName	RelationToPatient
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14. Patient Sex at Birth:

F-Female

15. Patient/Guardian Phone#:
(only numbers, no -(1))

16. PHN/ULI Info:

17. Date Of Birth(dd/mm/yyyy):

18. Patient Address:

Building No./Street/POBox	City/Town	Province	PostalCode(A1A 1A1)
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19. Date Of Immunization(dd/mm/yyyy):
14/07/2021

20. Time of Immunization(If Known)(00:00:00)
00:00:00

21. List all the vaccines given on date of immunization.
Immunization Information:

Vaccine Code COVP/BrRN	Manufacturer BPF-BIONTea	LotNo.
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 - Please Sel - Please Sel
 - Please Sel - Please Sel

22. Adverse Event Info:

Symptoms	Started Date (mm/dd/yyyy)	Resolved?	Resolved Date (mm/dd/yyyy)
Other	08/14/2021	No	
Other	08/14/2021	No	
None			
None			

23. If other, describe including Started date & Resolved date:
menorrhagia, shaking

24. Additional Information:

menorrhagia - 1st menstruation after vaccination - longer menstruation (11 days vs usual duration 4 days)
next menstruation was 1 week early and also 11 days (longer than normal)
shaking - occurring randomly, shaking for minutes with dyspnea, resolves spontaneously

25. Patient is aware that you are reporting the AEFI description and patient contact information to Alberta Health Services AEFI follow-up.

Yes

26. Patient is aware Alberta Health services AEFI program may be contacting them.

Yes

Note: Hit Done button to Submit the Form.

Alberta Health Services (AHS) respects your confidentiality and privacy. Your information is collected, used, disclosed and protected according to the provisions of provincial and federal legislation. Your health information is collected by AHS in accordance with section 20 of the Health Information Act (HIA). The purpose of this collection is primarily for: providing health services, determining eligibility for health services, processing payments for health services, conducting research, providing for health services, provider education, internal management purposes, planning and resource allocation, health system management, public health surveillance and health policy development.

Done

AEFI Reporting Form

Note: This form is for health care practitioner use only. If you are a member of the general public and need to report an adverse event following immunization, please call Health Link at 811 or contact your health provider.

1. Today's Date*

2/2/2022

2. Reporter(Your) LastName*

Chan

3. Reporter(Your) FirstName*

Gregory

4. Reporter (Your) SiteType: *

Physician



5. If Other SiteType, please specify:

6. Reporter(Your) Phone#*

(only numbers, no -,())

7. Immunization Facility:

Name	SiteType	If other SiteType, please specify
Johnstone Crossing	Public Health	▼

8. Immunization Facility Phone#

(only numbers, no -,())

9. Immunizing Facility Address

Building No/Street/PO Box	City/Town	Province	Postalcode(A1A 1A1)
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10. Select Zone: (Click [here](#) to determine zone.)

Central

11. Patient LastName*

[REDACTED]

12. Patient FirstName*

[REDACTED]

13. If Patient is a minor, then Parent/Guardian

LastName	FirstName	RelationToPatient
-		

-

14. Patient Sex at Birth:*

M-Male

15. Patient/Guardian Phone#*

(only numbers, no -,())

[REDACTED]

16. PHN/ULI Info:

[REDACTED]

17. Date Of Birth(dd/mm/yyyy)*

[REDACTED]

18. Patient Address:

Building No/Street/POBox	City/Town	Province	PostalCode(A1A 1A1)
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

19. Date Of Immunization(dd/mm/yyyy):*

23/04/2021

20. Time of Immunization(If Known)(00:00:00)

00:00:00

21. List all the vaccines given on date of immunization.

Immunization Information:

Vaccine Code	Manufacturer	LotNo.
COVAUVec <input type="button" value="v"/>	AZC-AstraZ <input type="button" value="v"/>	
-- Please S <input type="button" value="v"/>	-- Please S <input type="button" value="v"/>	

- Please See -- Please See
- Please See -- Please See
- Please See -- Please See

22. Adverse Event Info:

Symptoms	Started Date (mm/dd/yyyy)	Resolved?	Resolved Date (mm/dd/yyyy)
Other <input type="checkbox"/>	05/15/2021	No <input type="checkbox"/>	
None <input type="checkbox"/>		None <input type="checkbox"/>	
None <input type="checkbox"/>		None <input type="checkbox"/>	
None <input type="checkbox"/>		None <input type="checkbox"/>	

23. If other, describe including Started date & Resolved date:
recurrence of cancer

24. Additional Information:

patient has has SCC left side of tongue, with extensive surgery and radiation July 2012
has had regular surveillance with ENT (yearly) and regular biopsies 2018, 2019
was asymptomatic prior to 1st COVID vaccine
mid May 2021 (1 month after 1st injection) - started to have pain in the left side of the
tongue
biopsy shows recurrence of Squamous Cell Carcinoma in the grafted tissue
awaiting surgery with ENT to resect the graft site/SCC

25. Patient is aware that you are reporting the AEFI description and patient contact information to Alberta Health Services AEFI follow-up.*

Yes

26. Patient is aware Alberta Health services AEFI program may be contacting them.*

Yes

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Oct 6, 2021

GC

[REDACTED]@ AHS AEFI states this is 'not reportable' as it would seem he was already COVID +
call to AHS AEFI 1-8554442324 done

Oct 7, 2021

GC

Dr. Gregory Chan, October 7, 2021, 1:27PM - AEFI call again

Oct 12, 2021

GC

Dr. Gregory Chan, October 12, 2021, 4:16PM
discussed with [REDACTED] regarding his case
discussed that he may have had fomite transmission
unlikely to be an adverse event, more likely that he had COVID
COVID PCR unlikely to match mRNA sequence
Dr. Gregory Chan, October 12, 2021, 4:24PM



AEFI Reporting Form

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1. Today's Date*
4/10/2021

2. Reporter(Your) LastName*
CHAN

3. Reporter(Your) FirstName*
GREGORY

4. Reporter (Your) SiteType:*
Physician

5. If Other SiteType, please specify:

6. Reporter(Your) Phone#*
(only numbers, no -,())

7. Immunization Facility:

Name	SiteType	If other SiteType, please specify
Shoppers	Pharmacy <input type="checkbox"/>	

8. Immunization Facility Phone#
(only numbers, no -,())

9. Immunizing Facility Address

Building No/Street/PO Box	City/Town	Province	Postalcode(A1A 1A1)
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5015-50 STREE PONOKA AB T4J 0C1

10. Select Zone: (Click [here](#) to determine zone.)

Central

11. Patient LastName*

CAMPO

12. Patient FirstName*

FEDRICK

13. If Patient is a minor, then Parent/Guardian

LastName	FirstName	RelationToPatient
-	-	-

14. Patient Sex at Birth:*

M-Male

15. Patient/Guardian Phone#*

(only numbers, no -,())

780-90-3506

16. PHN/ULI Info:

25774444

17. Date Of Birth(dd/mm/yyyy)*

12/15/2002

18. Patient Address:

Building No/Street/POBox	City/Town	Province	PostalCode(A1A 1A1)

19. Date Of Immunization(dd/mm/yyyy):*

24/08/2021

20. Time of Immunization(If Known)(00:00:00)

00:00:00

21. List all the vaccines given on date of immunization.

Immunization Information:

Vaccine Code	Manufacturer	LotNo.
COVPBmR <input type="button" value="v"/>	BPF-BioNTi <input type="button" value="v"/>	
-- Please S <input type="button" value="v"/>	-- Please S <input type="button" value="v"/>	

- Please Select
- Please Select
- Please Select
- Please Select

22. Adverse Event Info:

Symptoms		Started Date (mm/dd/yyyy)	Resolved?		Resolved Date (mm/dd/yyyy)
Fever	<input type="button" value="v"/>	27/08/2021	Yes	<input type="button" value="v"/>	09/19/2021
Other	<input type="button" value="v"/>	27/08/2021	No	<input type="button" value="v"/>	
None	<input type="button" value="v"/>		None	<input type="button" value="v"/>	
None	<input type="button" value="v"/>		None	<input type="button" value="v"/>	

23. If other, describe including Started date & Resolved date:

COVID

24. Additional Information:

wife and son were vaccinated on August 14/21.
 Pedring had severe symptoms that progressed requiring admission to hospital Sep 3/21.
 Progression of symptoms requiring increased supplemental O2, transfer to Red Deer Sep 6/21. Intubation. Transferred to Edmonton. Eventually weaned off ventilatory support and discharged home Sep 19/21. He still has fatigue and mild cough.

25. Patient is aware that you are reporting the AEFI description and patient contact information to Alberta Health Services AEFI follow-up.*

Yes

26. Patient is aware Alberta Health services AEFI program may be contacting them.*

Yes

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