

**IMMUNIZATION INFORMATION**



Dear Parent/Guardian;

VCH must have a record of each child's immunization history. If one of the diseases listed below occurs in your school/childcare facility and immunizations are not complete, the Medical Health Officer may require your child to stay at home. Please complete and return this form to the school/childcare facility.

Return of completed form is my consent for my child's immunization history to be entered into a Vancouver Coastal Health (VCH) confidential electronic database. If you do not wish to have this information recorded in an electronic database, please inform us in writing.

**PLEASE PRINT CLEARLY** School/Childcare Facility \_\_\_\_\_

Child's name \_\_\_\_\_  
Surname Given Name Preferred Name

Sex: M F Birthdate    /   /    dd mm yyyy Place of birth \_\_\_\_\_

Child's personal health number (Care Card) \_\_\_\_\_

Home address \_\_\_\_\_ Postal code \_\_\_\_\_ Home phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Daytime phone \_\_\_\_\_  
Surname Given Name

Mother's Name \_\_\_\_\_ Daytime phone \_\_\_\_\_  
Surname Given Name

Guardian's Name \_\_\_\_\_ Daytime phone \_\_\_\_\_  
Surname Given Name

Doctor's name \_\_\_\_\_ Doctor's phone \_\_\_\_\_

My child had chicken pox.     Yes     No     Don't know.

**Attach a photocopy of your child's immunization record OR fill out the following record.**

IMMUNIZATION	DATES GIVEN							
	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy
DIPHTHERIA								
PERTUSSIS (WHOOPING COUGH)								
TETANUS								
POLIO								
HAEMOPHILUS INFLUENZAE TYPE B (HIB)								
MMR (MEASLES, MUMPS, RUBELLA)								
MEASLES (RUBEOLA)								
RUBELLA (GERMAN MEASLES)								
MUMPS								
HEPATITIS B								
MENINGOCOCCAL CONJUGATE								
PNEUMOCOCCAL CONJUGATE								
VARICELLA (CHICKENPOX)								
LIST OTHER VACCINES								