

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								

ROUTINE IMMUNIZATION SCHEDULE

		2 mo	4 mo	6 mo	12 mo	18 mo	4-6 yr	Gr. 6	Gr. 9	Gr. 12
DPT/POLIO/HIB (Diphtheria, Pertussis, Tetanus, Polio, Haemophilus Influenzae type B)	Diphtheria	●	●	●		●	●		●	
	Pertussis	●	●	●		●	●		●	
	Tetanus	●	●	●		●	●		●	
	Polio	●	●	●		●	●			
	Haemophilus Influenzae type B	●	●	●		●				
PNEUMOCOCCAL CONJUGATE¹		●	●	●		●				
HEPATITIS B²		●	●	●				●*		
MMR (Measles, Mumps, Rubella)	Measles				●	●				
	Mumps				●	●				
	Rubella				●	●				
MENINGOCOCCAL C CONJUGATE³		●*			●* ●**			●*	●**	●***
VARICELLA⁴					●*		●**	●**		

¹**Pneumococcal Conjugate Program:** Infants born on or after July 1, 2003

²**Hepatitis B Infant Program:** Infants born on or after July 1, 1998

^{2*}**Hepatitis B Grade 6 Program:** as of September, 2001 (2 dose schedule) if not previously immunized

³**Meningococcal C Conjugate Infant Program:**

*Infants born on or after January 1, 2005 – 2 dose schedule at 2 and 12 months of age

**Infants born on or after July 1, 2002 – 1 dose at 12 months of age.

³**Meningococcal C Conjugate School Program** – if not previously immunized:

*Grade 6 as of September 2003 – 1 dose

**Grade 9 as of 2004/05 school year – 1 dose

***Grade 12 during the 2005/06 and 2006/07 school years – 1 dose

⁴**Varicella Program:**

*Infants 12 months of age – 1 dose

**Kindergarten and Grade 6 if no history of chicken pox disease or immunization – 1 dose

All other children 13 months to 12 years of age with no history of chicken pox disease or immunization – 1 dose

If 13 years of age and older with no history of chicken pox disease or immunization – 2 dose schedule (blood test required before immunization)

THIS IS AN IMPORTANT NOTICE. PLEASE HAVE SOMEONE TRANSLATE IT.

<p>Three Bridges Community Health Centre 1292 Hornby Street 604.736.9844 FAX 604.734.5918</p>
<p>North Community Health Office #200-1651 Commercial Drive 604.253.3575 FAX 604.253.2460</p>
<p>Evergreen Community Health Centre 3425 Crowley Drive 604.872.2511 FAX 604.871.0174</p>
<p>Pacific Spirit Community Health Centre 2110 West 43rd Avenue 604.261.6366 FAX 604.261.7220</p>
<p>Raven Song Community Health Centre #200-2450 Ontario Street 604.709.6400 FAX 604.872.5223</p>
<p>South Community Health Centre 6405 Knight Street 604.321.6151 FAX 604.321.2947</p>

AMHARIC
(Ethiopia)

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BURMESE

ဤစာသည် အရေးကြီးသော သတိပေးအကြောင်းကြားစာဖြစ်ပါသည်။ ကျေးဇူးပြု၍ တစ်ယောက်ယောက်ကို တာသာပြန်ခိုင်းပါ။

CHINESE

這是一份重要通告，請找人為您翻譯。

CROATIAN

OVO JE VAŽNO OBAVJEŠTENJE. ZAMOLITE NEKOGA DA VAM GA PREVEDE.

FRENCH

CECI EST UN AVIS IMPORTANT. PRIERE DE LE FAIRE TRADUIRE.

HINDI

यह एक बहुत ज़रूरी सूचना है। कृपया किसी से इसका अनुवाद करा लें।

ITALIAN

QUESTO È UN AVVISO IMPORTANTE, SIETE PREGATI DI FARVELO TRADURRE DA QUALCUNO.

KHMER
(Cambodia)

នេះគឺជាសេចក្តីប្រកាសដ៏សំខាន់មួយ សូមអ្នកអង្គុយអង្គុយប្រាប់អ្នក ឬ

KOREAN

중요한 안내사항입니다. 번역을 할 수 있는 분에게 도움을 청하시기 바랍니다.

PERSIAN
(Iran)

این یک اطلاعیه مهم است. لطفاً از کسی بخواهید آن را برای شما ترجمه کند.

POLISH

TO JEST WAŻNE ZAWIADOMIENIE. POPROŚ KOGOŚ ABY JE PRZETŁUMACZYŁ.

PUNJABI

ਇਹ ਇਕ ਜ਼ਰੂਰੀ ਸੂਚਨਾ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ ਕਿਸੇ ਕੋਲੋਂ ਇਸ ਦਾ ਉਲਥਾ ਕਰਵਾ ਲਵੋ।

SERBIAN

OVO JE VAŽNO OBAVEŠTENJE. ZAMOLITE NEKOGA DA VAM GA PREVEDE.

SOMALI

KANI WAA OGEYSIIS MUHIIM AH. FADLAN QOF HA KUU TURJUMO.

SPANISH

ÉSTE ES UN AVISO IMPORTANTE. POR FAVOR, BUSQUE A ALGUIEN QUE SE LO TRADUZCA.

TAGALOG
(Philippines)

ITO AY ISANG MAHALAGANG PAUNAWA. MANGYARING IPASALIN ITO PARA MAUNAWAAN.

VIETNAMESE

ĐÂY LÀ THÔNG BÁO QUAN TRỌNG. HÃY NHỎ NGƯỜI DỊCH GIÚP.