Vancouver Coastal Health
Promoting wellness. Ensuring care.

Community and Family Health Program
5th Floor, 132 West Esplanade
North Vancouver, BC V7M 1A2
Tel: (604) 983-6700 Fax: (604) 983-6707

SCHOOL IMMUNIZATION HISTORY FORM

PLEASE RETURN THIS FORM TO THE SCHOOL PROMPTLY TO COMPLETE YOUR REGISTRATION PROCEDURE

In order to protect the health of your child and the health of other children, all parents or guardians of children seeking admission to public or private school in the jurisdiction of North or West Vancouver are requested to provide a record of their child's immunizations.

For new students, please complete both A and B sections. If the student is transferring from one school to another within North or West Vancouver, complete only section A and add any new immunizations in section B.

School_____ **Grade**_____

A. STUDENT INFORMATION
(Please Print)
Student's Name _____ (Surname / Given name) Sex F__ M__ Birth date (_____/_____/_____) (YYYY / M / D)

Personal Health Number _____ Country of Birth _____

Parent/Guardian's Name _____ Work Phone (Father) _____ (Mother) _____

Address _____ Postal Code _____ Home Phone _____

Doctor's Name _____ Doctor's Phone _____

PLEASE SEE OTHER SIDE FOR ROUTINE IMMUNIZATION SCHEDULE
Conscientious Objector Yes ☐
Students not protected may be excluded from school for the duration of a communicable disease outbreak

B. Immunization History	**Please enter dates**			
PRIMARY INFANT SERIES	**Dose #1**	**Dose #2**	**Dose #3**	**Dose #4**
PENTACEL (DaPT/IPV/HIB) (Diptheria, Pertussis, Tetanus, Polio & Haemophilus Influenza Type B)				
HEPATITIS B				
PNEUMOCOCCAL CONJUGATE (Prevnar)				
MMR – combined (Measles, Mumps and Rubella)				
MENINGOCOCCAL C CONJUGATE				
VARICELLA (Chickenpox) ☐ date of vaccine **OR** ☐ date of disease.				
OTHER (SPECIFY)				
SCHOOL ENTRY				
QUADRACEL (DaPT/IPV) (Diptheria/Pertussis/Tetanus/Polio)				
OTHER (SPECIFY)				

I understand that the information provided will be entered into the BC Public Health Information System (database). This allows Vancouver Coastal Health to monitor the immunization status of the school population and provides access to health information should there be a communicable disease outbreak. The school may provide student data to Vancouver Coastal Health by means of a class list that includes child's legal name, date of birth and address. This information is collected and shared as per the Freedom of Information & Protection of Privacy Act (FOIPPA) and the Personal Information Protection Act (PIPA) of B.C. and will only be used for purposes identified on this form.

Parent/Guardian Signature: _____ Date: _____

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ROUTINE IMMUNIZATION SCHEDULE

		2 mo	4 mo	6 mo	12 mo	18 mo	4-6 yr	Gr 6	Gr 9	Gr 12	Adult
DPT/POLIO/HIB (Diphtheria, Pertussis, Tetanus, Polio, Haemophilus Influenzae type B)	Diphtheria	●	●	●		●	●		●		●[10]
	Pertussis	●	●	●		●	●		●		
	Tetanus	●	●	●		●	●		●		●
	Polio	●	●	●		●	●				
	Haemophilus Influenzae type B	●	●	●		●					
PNEUMOCOCCAL CONJUGATE[1]		●	●	●		●					
HEPATITIS B[2]		●	●	●				●[3]			
MMR (Measles, Mumps, Rubella)	Measles				●	●					
	Mumps				●	●					
	Rubella				●	●					
MENINGOCOCCAL C		●[4]			●[5]			●[6]	●[6]	●[6]	
VARICELLA					●[7]	●[8]	●[9]	●[9]			

Pneumococcal Conjugate **1** - All infants born on or after July 1, 2003

Hepatitis B **2** - Infants born on or after Nov. 30, 1998

3 - Grade 6 *only* if not previously immunized

Meningococcal C **4** - All infants born on or after April 1, 2005 receive 2 doses at 2 and 12 months

Conjugate **5** - All children born on or after July 1, 2002 receive 1 dose on or after their first birthday

6 - School Catch-up Program: One dose in Grade 6, 9 or 12 *only* if not previously immunized

Varicella Please note: your child does not need Varicella vaccine if he/she had Chickenpox disease after 12 months of age

7 - All infants born on or after Jan.1, 2004 receive 1 dose on or after their first birthday

8 - Catch-up Program: one dose for children 18 months to 4 years *only* if not previously immunized

9 - Kindergarten and Grade 6 *only* if not previously immunized.

Td **10** - Adults require Diphtheria and Tetanus every 10 years

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

AMHARIC *(Ethiopia)*	ይህ ጠቃሚ ማስታወቅያ ነው:: እባክዎን ሌላ ሰው ያስተርጉምልዎት::
BURMESE	ဤစာသည်အရေးကြီးသောသတိပေးအကြောင်းကြားစာဖြစ်ပါသည်။ ကျေးဇူးပြု၍တစ်ယောက်ယောက်ကိုဘာသာပြန်ခိုင်းပါ။
CHINESE	這是一份重要通告，請找人爲您翻譯。
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 ज़रुरी सूचना है। कृपया किसी से इसका अनुवाद करा लें।
ITALIAN	QUESTO È UN AVVISO IMPORTANTE. SIETE PREGATI DI FARVELO TRADURRE DA QUALCUNO.
KHMER *(Cambodia)*	នេះគឺជាសេចក្តីប្រកាសដ៏សំខាន់ម្ចយ សូមអ្នកអ្នកមកប្រែជូនអ្នក ម
KOREAN	중요한 안내사항입니다. 번역을 할 수 있는 분에게 도움을 청하시기 바랍니다.
PERSIAN *(Iran)*	این یک اطلاعیهٔ مهم است. لطفا 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 ਉਲੱਥਾ 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 NHỜ NGƯỜI DỊCH GIÚP.