

LICENSED CHILDCARE FACILITY IMMUNIZATION HISTORY FORM

PLEASE COMPLETE AND RETURN THIS FORM 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 any Licensed Childcare Facility in the jurisdiction of North or West Vancouver must provide a statement of their child's immunization. This form **MUST** be returned to the facility.

I understand that all information provided will be entered into the BC Public Health Information System (database). This allows Vancouver Coastal Health to access the level of immunization within the entire preschool population and allows for quick and easy access of information should there be a communicable disease outbreak. This information may be provided by the facility to Vancouver Coastal Health by means of a class list that includes child's legal name, date of birth and address. The 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. This information will only be used for the purposes identified on this form.

New Child to this facility: Fill out Part A and B

Returning Child to this facility: Fill out Part A only: Part B if new immunizations need to be added to the child's existing record.

Child Care Facility _____

A.	
CHILDS INFORMATION (Please Print)	
Child's Name _____	Sex F ___ M ___ (Birthdate <u> </u> / <u> </u> / <u> </u>)
Personal Health Number _____	Country of Birth _____
Parent /Guardian's Name _____	Work Phone (Father _____ (Mother) _____)
Address _____	Postal Code _____ Home Phone _____
Doctors Name _____	Doctor's Phone _____

PLEASE SEE OTHER SIDE FOR
 Conscientious Objector Yes

BASIC IMMUNIZATION SCHEDULE

Children not protected may be excluded from the childcare centre for the duration of a communicable disease outbreak

B, VACCINE AND DESCRIPTION				
PRIMARY INFANT SERIES	Dose #1	Dose #2	Dose #3	Dose #4
1. PENTACEL * (DaPT/IPV/HIB)- Diphtheria, Pertussis, Tetanus, Polio & Haemophilus Influenza Type B)				
2. HEPATITIS B				
3. PNEUMOCOCCAL CONJUGATE (Prevnar)* # of doses depends upon age of start up				
4. MMR – combined (Measles, Mumps and Rubella)				
5. MENINGOCOCCAL C CONJUGATE # of doses depends upon age of start up				
6. VARICELLA (Chicken Pox or history of disease)				
7. OTHER (SPECIFY)				
SCHOOL ENTRY				
QUADRACEL (DaPT/IPV) –school entry booster of Diphtheria/Pertussis/Tetanus/Polio)				
OTHER (SPECIFY)				

Parent/Guardian Signature: _____ Date: _____

ROUTINE IMMUNIZATION SCHEDULE

		2 mo	4 mo	6 mo	12 mo	18 mo	4-6 yr	Gr 6	Gr 9	Adult
DPT/POLIO/HIB (Diphtheria, Pertussis, Tetanus, Polio, Haemophilus Influenzae type B)	Diphtheria ♦	●	●	●		●▲	●♦♦		●♦♦♦	●+
	Pertussis ♦	●	●	●		●	●		●	
	Tetanus ♦	●	●	●		●	●		●	●+
	Polio ♦	●	●	●		●	●			
	Haemophilus Influenzae type B	●	●	●		●				
PNEUMOCOCCAL ** CONJUGATE ▲		●	●	●		●				
HEPATITIS B ♣		●	●	●				●♣♣		
MMR (Measles, Mumps, Rubella)	Measles				●	●				
	Mumps				●	●				
	Rubella				●	●				
MENINGOCOCCAL C ♥		● ¹			● ²			●♥♥	●♥♥	
VARICELLA ●●					●		●●●	●●●		●++

Infant/Child (2 months – 4 years)

DPT/Polio/HIB (Penta)

Interval of 8 weeks preferred between doses 1,2,3

▲Interval of 12 months preferred between doses 3 & 4

♦♦ If dose 4 is given after 4th birthday, dose 5 not needed

Pneumococcal Conjugate ▲

Infants born on/after July 1, 2003

Hepatitis B ♣

Infants/child born on/after July 1, 1998

MMR (subcutaneous)

Must be on/after first birthday

1 month minimum between dose 1 & 2

Meningococcal C ♥

●¹ Infants born on/after April 1, 2005
- at 2 and 12 months

●² Infants born on/after July 1, 2002
- on/after first birthday

Varicella ●● (subcutaneous)

Infants born/after January 1, 2004
- Must be on/after first birthday

Catch-Up Program: April 1, 2005 –
April 1, 2006 all children 18 to 48
months of age (if no history of
disease or immunization)

School Program (5 years plus)

DPT/Polio (Quad) under 7 years of age Kindergarten Booster

Tdap

♦♦♦ Grade 9 Booster dose Tdap
(ADACEL)

Hepatitis B – if not previously immunized

♣♣ Grade 6 (2 dose schedule as
of September 1, 2001)

Meningococcal C – if not previously immunized

♥♥ Grade 6 as of September 2003

♥♥ Grade 9 as of September 2004

Catch-Up Program: Grade 12 for 2
years starting September 2005

Varicella – if no history of disease or immunization

●● Kindergarten and Grade 6 as of
January 1, 2005

Adult Program

Td

+Adult Booster dose
every 10 years

Varicella

++Women of childbearing
age who test negative for
varicella (2 dose schedule,
one month apart)

Note: Children with history of varicella disease under 1 year of age, vaccination is recommended.

For delayed or interrupted schedules consult BCCDC Immunization Manual or contact North Shore Health Department Communicable Disease Team at 604-983-6700.