

PHARMACIST REPORT OF CLIENT IMMUNIZATION ≤ 19 years of age

Client consent is required before reporting to public health. Complete one form per client and fax to your local community health centre following immunization. This information is collected under and is subject to the provisions of the Freedom of Information and Protection of Privacy Act.

Pharmacy Address		Phone	Fax		
Client Information					
Last Name		First Name	<input type="checkbox"/> Female <input type="checkbox"/> Male		
Personal Health Number (PIN) □ □ □ □ □ □ □ □ □ □		Birthdate (dd/mm/yyyy) □ □ / □ □ / □ □ □ □ □ □			
Address (#/Appt/Street/City/Postal Code)					
Phone # <input type="checkbox"/> home phone <input type="checkbox"/> Cell phone □ □ □ / □ □ □ / □ □ □ □ □					
<input type="checkbox"/> Client has been informed that the following immunization information will be provided to Vancouver Coastal Health to be entered into the VCH immunization database.					
Vaccines Administered (report all vaccines provided except influenza)					
DD	MM	YYYY	Vaccine Name	Lot #	Site
Comments					

Vancouver Community Health Centres (CHC)					
CHC	Address	Fax	CHC	Address	Fax
Evergreen	3425 Crowley Dr	604.871.0174	Raven Song	2450 Ontario St	604.872.5223
Robert & Lily Lee	1669 E. Broadway	604.253.2460	South	6405 Knight St	604.321.2947
Pacific Spirit	2110 W. 43 rd Ave	604.261.7220	Three Bridges	1292 Hornby St	604.734.5918