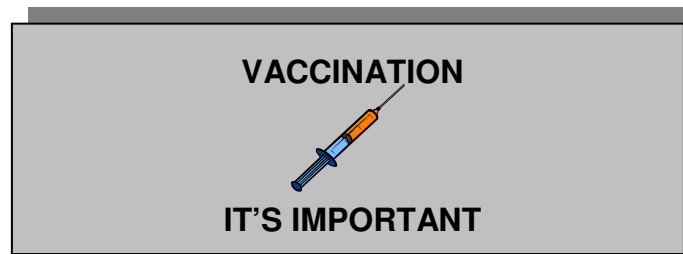




DORVAL ELEMENTARY SCHOOL



1. PERSONAL INFORMATION

Student Name: _____ First Name: _____

Date of Birth: Y _____ / M _____ / D _____ Sex: Female ☐ Male ☐

2. INFORMATION ON THE VACCINATION CARD

Diseases such as measles, German measles and pertussis (whooping cough) spread rapidly in a school, even if most of the children have been vaccinated. So, when a contagious disease affects a child in a classroom, it is important to know who has been vaccinated and who has not.

Some children may not have received certain vaccines without even knowing. The school nurse can help the parents make sure that their child's vaccinations have been completed.

Children who have not received the appropriate vaccinations or whose vaccination status is unknown may be asked to remain at home if a contagious disease occurs in the school.

3. AUTHORIZATION

I have read the information on the vaccination card and I authorize the school nurse to forward the information on my child's vaccination status to the Public Health Department.

Signature of the Parents or Guardians: _____

Date: _____

Home Telephone: _____ Work Telephone : _____



IMPORTANT: COMPLETE THE OTHER SIDE OF FORM



4. VACCINATION STATUS							
Please complete the following table OR send a photocopy of the record, which contain the vaccination dates, indicating your child's name on each photocopy.							
NAME OF STUDENT:							
IMMUNIZATIONS (CONTINUED) DIPHTERIA, PERTUSSIS, TETANUS, HAEMOPHILUS, INFLUENZAR TYPE B				IMMUNIZATIONS (CONTINUED) MEASLES, RUBELLA, MUMPS (trivalent vaccine)			
VACCINE (Specify Brand Name)	Dose	Date	CONFIRMATION (Stamp)	VACCINE (Specify Brand Name)	Dose	Date	CONFIRMATION (Stamp)
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
IMMUNIZATIONS (CONTINUED) DIPHTERIA, PERTUSSIS, TETANUS, HAEMOPHILUS, INFLUENZAR TYPE B				IMMUNIZATIONS (CONTINUED) HEPATITIS B			
VACCINE (Specify Brand Name)	Dose	Date	CONFIRMATION (Stamp)	VACCINE (Specify Brand Name)	Dose	Date	CONFIRMATION (Stamp)
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
IMMUNIZATIONS (CONTINUED) POLOMYELITIS				IMMUNIZATIONS (CONTINUED) OTHER VACCINATIONS			
VACCINE (Specify Brand Name)	Dose	Date	CONFIRMATION (Stamp)	VACCINE (brand name) <div> <div>Menjugate</div> <div>Meningitis</div> <div>Date</div> <div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div> </div>			
_____	_____	_____	_____				
_____	_____	_____	_____				
_____	_____	_____	_____				
_____	_____	_____	_____				
_____	_____	_____	_____				
				<div> <div>Varivax</div> <div>Chickenpox/varicella</div> <div>Date</div> <div>_____</div> </div>			
				<div> <div>Has your child had chickenpox</div> <div><input type="checkbox"/> yes</div> <div><input type="checkbox"/> no</div> </div>			