

## 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								

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

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

AMHARIC (Ethiopia)	ይህ ጠቃሚ ማስታወሻ ነው። እባክዎ ሌላ ሰው ያስተርጓፉልዎት።
BURMESE	ဤစာသည်အရေးကြီးသောသတိပေးအကြောင်းကြားစာဖြစ်ပါသည်။ ကျေးဇူးပြု၍တစ်ယောက်ယောက်ကိုတာဝန်ပြန်ပေးပါ။
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 जरूरी 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 សូមអ្នកអង្កេតបកប្រែជូនអ្នក ។
KOREAN	중요한 안내사항입니다. 번역을 할 수 있는 분에게 도움을 청하시기 바랍니다.
PERSIAN (Iran)	این یک اطلاعیه 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 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 NHỜ NGƯỜI DỊCH GIÚP.