

School Entry Immunization Record

School Year _____

Important Instructions

Prior to the start of school, it is recommended that all students have completed their immunizations in accordance with the Nova Scotia Routine Childhood Immunization Schedule. The schedule can be found at http://novascotia.ca/dhw/cdpc/documents/13078_NsChildhoodImmPoster_En.pdf

INSTRUCTIONS: For Parent/Guardian

1. Please provide all information on this form as completely as possible.
2. If you have a copy of your child's record, this can be used instead of completing the "Immunization Record" section.
3. If your child's immunization is not up to date, please make an appointment with your family doctor to catch-up on the recommended vaccines, and request to have a copy of the record of vaccines given, to keep as your child's personal immunization record.

Student Information

| | | | |
|-------------------------------|----------------|--|--------|
| Student's Last Name | First Name (s) | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Health Card Number (Required) | Date of Birth | | School |
| | YYYY | MM | |

Parent/Guardian Information

| | | | |
|---|---------------------|--|-------------------|
| <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other | | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other | |
| First Name(s) | | Family/Last Name | |
| Address | | City | Postal Code |
| Home Phone () | Work Phone () | Language | Country of Origin |
| Family Doctor and Telephone Number | | | |

Immunization Record: Please record the date vaccine was given or attach a copy of the child's immunization record

| Recommended Vaccines | 2 Months | 4 Months | 6 Months | 12 Months | 18 Months | 4-6 Years | Comments |
|---|--------------|--------------|--------------|--------------|--------------|--------------|----------|
| DTaP-IPV-Hib <i>(Pentacel or Pediacel)</i> | yyyy, mm, dd | yyyy, mm, dd | yyyy, mm, dd | | yyyy, mm, dd | | |
| DTaP-IPV or Tdap-IPV <i>(Quadracel or Adacel-Polio/Boostrix-IPV)</i> | | | | | | | |
| Pneumococcal Conjugate (Prevnar) <i>Note: 2012 change from 4 to 3 doses</i> | yyyy, mm, dd | yyyy, mm, dd | yyyy, mm, dd | yyyy, mm, dd | yyyy, mm, dd | | |
| Meningococcal C Conjugate <i>(NeisVac or Menjugate)</i> | | | | yyyy, mm, dd | | | |
| Varicella (Chickenpox) <i>(Varilrix or Varivax or Priorix-Tetra)</i> | | | | yyyy, mm, dd | | yyyy, mm, dd | |
| Measles Mumps Rubella <i>(MMRII or Priorix or Priorix-Tetra)</i> | | | | yyyy, mm, dd | | yyyy, mm, dd | |
| OTHER VACCINES | yyyy, mm, dd | yyyy, mm, dd | yyyy, mm, dd | yyyy, mm, dd | yyyy, mm, dd | yyyy, mm, dd | |