Vancouver Coastal Health
Promoting wellness. Ensuring care.

# STUDENT IMMUNIZATION (VACCINATION) INFORMATION FOR SCHOOL

Community & Family Health Program
132 W Esplanade, 5th floor
North Vancouver BC, V7M 1A2

Dear Parent/Guardian:

Under the BC *School Act*, the information you provide on this form will be made available to Vancouver Coastal Health Authority (VCH) medical health officers for public health programs. This information will be used to update your child's health record at VCH in order that: medical health officers may respond if a disease outbreak occurs in your child's school; public health staff can recommend vaccines which your child may be missing; and VCH is able to provide better care to your child as part of its public health programs. **Important: Please complete and return this form to your school.**

## PART A: CHILD AND FAMILY INFORMATION

Grade_____ School _____

PLEASE PRINT CLEARLY

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 _____ (Surname) _____ (Given Name) Daytime phone _____

Mother's Name _____ (Surname) _____ (Given Name) Daytime phone _____

Guardian's Name _____ (Surname) _____ (Given Name) Daytime phone _____

Doctor's name _____ Doctor's phone _____

## PART B: CHILD'S VACCINATION INFORMATION

Attach a photocopy of your child's vaccination record OR complete the following record.

Has your child had chickenpox disease after one year of age? ☐ Yes ☐ No

Children who have not had the chickenpox vaccine or disease after 1 year of age need the vaccine.

| VACCINES | 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 | | | | | | | | |
| TETANUS | | | | | | | | |
| PERTUSSIS (WHOOPING COUGH) | | | | | | | | |
| POLIO | | | | | | | | |
| HAEMOPHILUS INFLUENZAE TYPE B (HIB) | | | | | | | | |
| HEPATITIS B | | | | | | | | |
| MENINGOCOCCAL CONJUGATE | | | | | | | | |
| PNEUMOCOCCAL CONJUGATE | | | | | | | | |
| MMR (MEASLES, MUMPS, RUBELLA) | | | | | | | | |
| MEASLES (RUBEOLA) | | | | | | | | |
| RUBELLA (GERMAN MEASLES) | | | | | | | | |
| MUMPS | | | | | | | | |
| HPV (HUMAN PAPILLOMAVIRUS) | | | | | | | | |
| VARICELLA (CHICKENPOX) | | | | | | | | |
| LIST OTHER VACCINES | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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

| | |
|---|---|
| **AMHARIC** *(Ethiopia)* | ይህ ጠቃሚ ማስታወቅያ ነው:: እባክዎን ሌላ ሰው ያስተርጉምልዎት:: |
| **BURMESE** | ဤစာသည်အဂွေးကြီးသောသတိပေးအကြောင်းကြားစာဖြစ်ပါသည်။ ကျေးဇူးပြု၍တစ်ယောက်ယောက်ကိုဘာသာပြန်ခိုင်းပါ။ |
| **CHINESE** | 這是一份重要通告，請找人爲您翻譯。 |
| **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 ज़रुरी 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 សូមអ្នកកអ្នកបកប្រែជូនអ្នក ។** |
| **KOREAN** | 중요한 안내사항입니다. 번역을 할 수 있는 분에게 도움을 청하시기 바랍니다. |
| **PERSIAN** *(Iran)* | این یک اطلاعیهٔ 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 ਉਲੱਥਾ 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. |

Personal information on this form is collected, used and disclosed by VCH in accordance with the Freedom of Information and Protection of Privacy Act. Statistical information may be provided to the Ministry of Health Services for healthcare planning, program evaluation and quality improvement purposes. We may contact you in the future to ask whether you would like to participate in the evaluation of the school immunization program. If you have any questions about the collection and use of this information, contact your local public health nurse or VCH's Information Privacy Office at 604.875.5568 or email us at privacy@vch.ca

For vaccination schedules and more information
call your local public health nurse or go to www.immunizebc.ca