Vancouver Coastal Health
Promoting wellness. Ensuring care.

STUDENT IMMUNIZATION (VACCINATION) INFORMATION FOR SCHOOL

Richmond Public Health
VCH-Richmond
8100 Granville Avenue
Richmond BC V6Y 3T6
Tel: 604-233-3150 Fax: 603-233-3198

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 & Family Information PLEASE PRINT CLEARLY

School _____ Grade _____

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/yy	dd/mm/yy	dd/mm/yy	dd/mm/yy	dd/mm/yy	dd/mm/yy	dd/mm/yy	dd/mm/yy
DIPHTHERIA								
PERTUSSIS (WHOOPING COUGH)								
TETANUS								
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)								
ROTAVIRUS								
LIST OTHER VACCINES								

- **Does your child have**: Any medical conditions? _____
- Severe allergies? (describe) _____
- A history of serious reaction to any previous immunization(s)? (Describe)