

STUDENT IMMUNIZATION (VACCINATION) INFORMATION FOR SCHOOL
Important: Please complete and return this form to your school. If you wish to complete this information online go to www.vch.ca/child-immunization-report

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.

PART A: CHILD AND FAMILY INFORMATION **PLEASE PRINT CLEARLY******

Today's Date									
School Name					Grade				
Child's Name									
Surname			Given Name			Preferred Name			
SEX	Birthdate			Birth Place					
	dd	mm	yyyy	City		Province		Country	
Child's personal health number (BC Care Card)									
Home Address					Postal Code			Home Phone	
Health Care Provider's Name					HCP Phone #				
PARENT/GUARDIAN – FIRST CONTACT					PARENT/GUARDIAN – SECOND CONTACT				
First Name									
Last Name									
Daytime Phone									
Email Address									

PART B: CHILD'S VACCINATION INFORMATION

1. Has your child had chickenpox disease at 12 months of age or older?
 ✓ check the correct answer **Yes** **No** **Not Sure**

Children who have had chickenpox disease on or after 12 months of age are considered to have life-long immunity to chickenpox disease and do not require vaccination against chickenpox disease. Children who have not had chickenpox disease on or after 12 months of age (this includes children who had disease younger than 12 months of age) need 2 doses of chickenpox vaccine. Dose 1 should be received at 12 months of age and dose 2 should be received before entering kindergarten.

2. ATTACH A PHOTOCOPY of your child's vaccination record to this form.

For example: BC Child Health Passport OR immunization record. **Attach a copy of the original record** as it appears in English or any language. Ensure your child's name and date of birth are written on each page.

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

- AMHARIC (Ethiopia)** ይህ ጠቃሚ ግንባታውያ ነው። እባክዎን ሌላ ሰው ያስተርጉሙልዎት።
- BURMESE** ဤစာသည်အရေးကြီးသောသတိပေးအကြောင်းကြားစာဖြစ်ပါသည်။ ကျေးဇူးပြု၍တစ်ယောက်ယောက်ကိုဘာသာပြန်နိုင်ပါ။
- 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 សូមអ្នកអង្គុកបកប្រែជូនអ្នក ម
- 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 NHỎ 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. VCH may need to email you information relating to your child’s immunizations. Please be aware that your personal information may be stored outside of Canada by your email provider and will be subject to the laws of that jurisdiction. If you have any questions about privacy contact VCH’s Information Privacy Office at 604.875.5568 or privacy@vch.ca.

If you have any questions about immunizations or the collection and use of this information, or you would like to withdraw your consent to receive emails, contact your local public health nurse at the community health centre nearest you - see list below.

For vaccination schedules and more information go to www.vch.ca or www.immunizebc.ca

Community Health Centres in Vancouver Coastal Health

Vancouver					
Evergreen 3425 Crowley Dr 604.872.2511	Raven Song 2450 Ontario St 604.709.6400	Robert and Lily Lee Family 1669 East Broadway 604.675.3980	Pacific Spirit 2110 West 43rd Ave 604.261.6366	South 6405 Knight St 604.321.6151	Three Bridges 1290 Hornby St 604.736.9844
Richmond 8100 Granville Ave 604.233.3150	North and West Vancouver 604.983.6700	Squamish 1140 Hunter Place 604.892.2293 or 1.877.892.2231	Whistler 202 - 4380 Lorimer Rd 604.932.3202	Pemberton 1403 Portage Road 604.894.6939	
Coastal					
Gibsons 494 South Fletcher Rd 604.886.5600	Sechelt 5571 Inlet Ave 604.885.5164	Pender Harbour 5066 Francis Peninsula Rd 604.883.2764	Powell River 3rd Floor, 5000 Joyce Ave 604.485.3310		
Central Coast					
Bella Bella 250.957.2308 ext 229		Bella Coola 250.799.5722			