

**IMMUNIZATION (VACCINATION)
INFORMATION FOR CHILDCARE**

Dear Parent/ Guardian:

All childcare facilities in BC are required by law under the *Community Care and Assisted Living Act* to keep a record of each child's immunization history. These records are required to be made available to Vancouver Coastal Health Authority (VCH) medical health officers for public health programs. The information you provide on this form 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 childcare facility; public health staff can recommend immunizations which your child may be missing; and VCH is able to provide better care to your child as part of its public health programs. **Please complete and return this form to your childcare facility.**

PART A: Child & Family Information PLEASE PRINT CLEARLY			School _____	Grade _____
Child's name _____	Surname	Given Name	Preferred Name _____	
Sex: M F	Birthdate _____	Place of birth _____		
	dd / mm / yyyy			
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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)								
LIST OTHER VACCINES								

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

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

AMHARIC <i>(Ethiopia)</i>	ይህ ጠቃሚ ማሳሰቢያ ነው። እባክዎን ሌላ ሰው ያስተርጉሙልዎት።
BURMESE	ဤစာသည်အရေးကြီးသောသတိပေးအကြောင်းကြားစာဖြစ်ပါသည်။ ကျေးဇူးပြု၍တစ်ယောက် ယောက်ကိုဘာသာပြန်နိုင်ပါ။
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 <i>(Cambodia)</i>	នេះគឺជាសេចក្តីប្រកាសដ៏សំខាន់មួយ សូមអ្នកអង្គុយបន្តប្រជុំអ្នក ។
KOREAN	중요한 안내사항입니다. 번역을 할 수 있는 분에게 도움을 청하시기 바랍니다.
PERSIAN <i>(Iran)</i>	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 <i>(Philippines)</i>	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. 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