



## STUDENT IMMUNIZATION (VACCINATION) INFORMATION FOR SCHOOL

**Important: Please complete and return this form to your school.**

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 \*\*\*\*\***

School name \_\_\_\_\_ Grade \_\_\_\_\_

Child's name \_\_\_\_\_  
Surname Given Name Preferred Name

Sex 

M	F
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 Birthdate 

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 Place of birth \_\_\_\_\_  
circle dd mm yyyy City Province Country

Child's personal health number (BC Care Card) 

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Home address \_\_\_\_\_ Postal code \_\_\_\_\_ Home phone \_\_\_\_\_

Father's name \_\_\_\_\_ Daytime phone \_\_\_\_\_  
Surname Given Name

Mother's name \_\_\_\_\_ Daytime phone \_\_\_\_\_  
Surname Given Name

Guardian's name \_\_\_\_\_ Daytime phone \_\_\_\_\_  
Surname Given Name

Health care provider's name \_\_\_\_\_ Health care provider phone \_\_\_\_\_

### **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

*Children who have not had chickenpox disease at 12 months of age or older need chickenpox (Varicella) vaccine.*

**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. Translations not required. Ensure your child's name and date of birth are written on each page.

**Please turn over for more information**

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

- AMHARIC (Ethiopia)** ይህ ጠቃሚ ግንባታውያ ነው። እባክዎን ሌላ ሰው ያስተርጉሙልዎት።
- BURMESE** ဤစာသည်အရေးကြီးသောသတိပေးအကြောင်းကြားစာဖြစ်ပါသည်။ ကျေးဇူးပြု၍တစ်ယောက်ယောက်ကိုဘာသာပြန်ခိုင်းပါ။
- 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 សូមអ្នកអង្កេតមនុស្សម្នាក់ផ្សេងម្នាក់ 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. 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](mailto:privacy@vch.ca)

For vaccination schedules and more information  
Call your local public health nurse or go to [www.immunizebc.ca](http://www.immunizebc.ca)

**Community Health Centres in Vancouver Coastal Health**

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