



IMMUNIZATION (VACCINATION) INFORMATION FOR SCHOOL Online Child Immunization Report Form

Dear Parent/Guardian:

Please complete and print a copy for the school record before submitting the online version to Vancouver Coastal Health (VCH). The information you provide will be used by VCH to keep a record of your child's immunization history, to offer further immunizations based on this history and to respond to an infectious disease outbreak if it occurs in a school.

How to submit an online version of your child's records directly to VCH:

- 1) Save this form to your computer/device
- 2) Open form with Adobe Acrobat or Reader to enable all buttons to function correctly
- 3) Complete all fields and save to your computer, or print a hard copy for your records
- 4) Choose the **Submit button** below that best matches where your child lives
- 5) Attach a digital photo or scan of your child's vaccination record(s) to the email, and Send.

CHILD INFORMATION	Today's Date: _____
School Name: _____ Grade: _____	
Child's Name: (Last) _____ (First) _____ (Preferred) _____	
Date of Birth: _____ Sex of child: _____	
Place of Birth: City _____ Province _____ Country _____	
Child's (BC) Personal Health Card # _____	
Home Address: Suite/Apt: _____ Street: _____	
City: _____ Postal Code: _____	
Physician/Health Care Provider: _____ Office Phone # _____	
PARENT/GUARDIAN INFORMATION: Please provide contact information for at least one parent/guardian, so that a public health nurse can reach you if clarification or confirmation of any information is needed.	
Primary: Name: _____ Home: # _____ Mobile: # _____	
Work: # _____ Email Address: _____	
Alternate: Name: _____ Home: # _____ Mobile: # _____	
Work: # _____ Email Address: _____	
CHILD'S VACCINATION INFORMATION	
Please attach your child's vaccine history record(s) with this form:	
<ul style="list-style-type: none"> • BC Child Health Passport or other vaccination record (in the original language and in a translated English version). • Write your child's name and date of birth on <u>each page</u>. • Tick here if you do not have a record of your child's vaccination history: <input type="checkbox"/> 	

Note: If you choose the wrong Submit button, your record will be forwarded to the correct location

Submit to: Vancouver

Submit to: North Shore

Submit to: Coastal Rural *

Submit to: Richmond

*Coastal Rural includes: Sunshine Coast, Powell River, Sea to Sky, Bella Bella, and Bella Coola

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

ARABIC	هذا الإشعار مهم جداً. رجاءاً أطلب من شخص أن يترجمه لك.
AMHARIC (Ethiopia)	ይህ ጠቃሚ ማስታወቂያ ነው። እባክዎን ሌላ ሰው ያስተርጉሙልዎት
BURMESE	ဤစာသည်အရေးကြီးသောသတိပေးအကြောင်းကြားစာဖြစ်ပါသည်။ ကျေးဇူးပြု၍တစ်ယောက်ယောက်ကိုဘာသာပြန်ခိုင်းပါ။
CHINESE Simplified	这是一份重要通告，请找人为您翻译。
CHINESE Traditional	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. PRIÈRE 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
JAPANESE	これはたいせつなお知らせです。誰かに日本語に訳してもらいましょう。
KHMER (Cambodia)	ព័ត៌មានសំខាន់ៗសម្រាប់សមាជិកសម្រាប់ប្រព័ន្ធប្រយោជន៍
KOREAN	중요한 공지 사항입니다. 이 공지 사항의 번역을 의뢰하십시오.
PERSIAN/FARSI	این یک اطلاعیه مهم است. لطفاً از کسی بخواهید آن را برای شما ترجمه کند.
POLISH	TO JEST WAŻNE ZAWIADOMIENIE. POPROŚ KOGOŚ ABY JE PRZETŁUMACZYŁ.
PORTUGUESE	ESTE É UM AVISO IMPORTANTE. FAVOR PEDIR PARA ALGUÉM TRADUZI-LO.
PUNJABI	ਇਹ ਇਕ ਜ਼ਰੂਰੀ ਸੂਚਨਾ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ ਕਿਸੇ ਕੋਲੋਂ ਇਸ ਦਾ ਉਲਥਾ ਕਰਵਾ ਲਵੋ।
RUSSIAN	ВНИМАНИЕ! В ЭТОМ СООБЩЕНИИ СОДЕРЖИТСЯ ВАЖНАЯ ИНФОРМАЦИЯ. ПОЖАЛУЙСТА, ПОПРОСИТЕ КОГО-НИБУДЬ ПЕРЕВЕСТИ ЕГО.
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/ FILIPINO	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 for healthcare planning, program evaluation and quality improvement. 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 or text you information relating to your child’s immunizations. Please be aware that your personal information may be stored outside of Canada by your email/messaging service provider and will be subject to the laws of that jurisdiction. If you have any questions about privacy, please 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 or texts, 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 (CHCs) in Vancouver Coastal Health

Vancouver	Raven Song	Robert and Lily Lee	Pacific Spirit	South	Three Bridges
Evergreen 3425 Crowley Dr 604.872.2511	2450 Ontario St 604.709.6400	Family 1669 East Broadway 604.675.3980	2110 West 43rd Ave 604.261.6366	6405 Knight St 604.321.6151	1128 Hornby St 604.331.8903
Richmond	North and West Vancouver	Squamish	Whistler	Pemberton	
8100 Granville Ave 604.233.3150	604.983.6700	1140 Hunter Place 604.892.2293 or 1.877.892.2231	202 - 4380 Lorimer Rd 604.932.3202	1403 Portage Road 604.894.6967	
Coastal					
Gibsons	Sechelt	Pender Harbour	Powell River		
821 Gibsons Way 604.984.5070	5571 Inlet Ave 604.885.5164	5066 Francis Peninsula Rd 604.883.2764	3rd Floor, 5000 Joyce Ave 604.485.3310		
Central Coast					
Bella Bella	Bella Coola	Bella Coola			
Heiltsuk Health Centre	Public Health	Nuxalk Health & Wellness			
250.957.2308 ext 229	250.799.5722	250.957.5441			