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IMMUNIZATION (VACCINATION) INFORMATION FOR CHILD CARE

Dear Parent/ Guardian:

All childcare facilities in BC under the *Child Care Licensing Regulation** are required to keep a record of each child's immunization status within their facility. Returning this completed form to your child's childcare facility meets this requirement.

The information you provide can be requested by Vancouver Coastal Health Authority (VCH) - Medical Health Officers (MHOs) for public health programs and enables them to respond appropriately when a communicable disease outbreak occurs in a child care facility.

Please complete and return this form when registering your child for a child care facility.

* Reference: Section 57 (2) (a) of the Child Care Licensing Regulation

ensing Regulation	Date:								
First Na	mePrefer	red 1 st Name							
Year	Sex of child:								
rovince	Country								
	City:	Postal Code:							
Physician/Health Care Provider: Office Phone #									
PARENT/GUARDIAN NAME and CONTACT INFORMATION: Please provide contact information for at least one parent/guardian to enable a public health nurse to reach you if clarification or confirmation of any information is required.									
Home: #	Mobile:#	Work#							
Email Address:		·							
Home: #	Mobile:#	Work#							
Email Address:									
ORMATION									
ation record w	rith this form:								
ther vaccination	record (in the origina	al language and in a							
translated English version).									
Write your child's name and date of birth on <u>each page</u> . Till be a life and a set be a second of a second life and birth a second life and birt									
 Tick here if you do not have a record of your child's immunization history. Tick here if your child is not immunized 									
iiiiuiiizeu 🔲									
	First Na Year rovince and CONTAC st one parent/guard on is required. Home: # Email Address: Home: # Email Address: CORMATION ation record we her vaccination late of birth on exercited to the cord of your cord	Prefer	Preferred 1st Name						

Please turn over for more information

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

ARABIC هذا الإشعار مهم جداً. رجاءاً أطلب من شخص أن يترجمه لك. AMHARIC ይህ ጠቃሚ ጣስታወቅያ ነው። እባክዎን ሴላ ሰው ያስተርጉምልዎት (Ethiopia) ဤစာသည်အရေးကြီးသောသတိပေးအကြောင်းကြားစာဖြစ်ပါသည်။ ကျေးစူးပြု၍တစ်ယောက်ယောက်ကိုဘာသာပြန်စိုင်းပါ။ BURMESE CHINESE 这是一份重要通告, 请找人为您翻译。 Simplified CHINESE 這是一份重要通告,請找人爲您翻譯。 Traditional CROATIAN OVO JE VAŽNO OBAVJEŠTENJE. ZAMOLITE NEKOGA DA VAM GA PREVEDE. CECI EST UN AVIS IMPORTANT. PRIÈRE DE LE FAIRE TRADUIRE. **FRENCH** यह एक बहुत जुरुरी सूचना है। कृपया किसी से इसका अनुवाद करा लें। HINDI **ITALIAN** QUESTO È UN AVVISO IMPORTANTE, SIETE PREGATI DI FARVELO TRADURRE DA 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。 **JAPANESE** KHMER នេះគឺបាសេចក្តីប្រកាសដ៏សំខាន់មួយ សុមអ្នកកេអ្នកបក់ប្រែប៉ុនអ្នក ទ (Cambodia) 중요한 공지 사항입니다. 이 공지 사항의 번역을 의뢰하십시오. **KOREAN** این یک اطلاعیهٔ مهم است. لطفا از کسی بخواهید آن را برای شما ترجمه کند. PERSIAN/FARSI TO JEST WAŻNE ZAWIADOMIENIE. POPROŚ KOGOŚ ABY JE PRZETŁUMACZYŁ. **POLISH** ESTE É UM AVISO IMPORTANTE. FAVOR PEDIR PARA ALGUÉM TRADUZI-LO. PORTUGUESE ਇਹ ਇਕ ਜ਼ਰੂਰੀ ਸੂਚਨਾ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ ਕਿਸੇ ਕੋਲੋਂ ਇਸ ਦਾ ਉਲੱਥਾ ਕਰਵਾ ਲਵੋ। PUNJABI ВНИМАНИЕ! В ЭТОМ СООБЩЕНИИ СОДЕРЖИТСЯ ВАЖНАЯ ИНФОРМАЦИЯ. RUSSIAN 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/

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.

ITO AY ISANG MAHALAGANG PAUNAWA. MANGYARING IPASALIN ITO PARA MAUNAWAAN.

ĐÂY LÀ THÔNG BÁO QUAN TRONG, HÃY NHỜ NGƯỜI DỊCH GIÚP.

FILIPINO VIETNAMESE

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								
Evergreen 3425 Crowley Dr	Raven Song 2450 Ontario St	Robert a	and Lily Lee	Pacific Spiri		South 6405 Knight S	C †	Three Bridges 1128 Hornby St
604.872.2511	604.709.6400	•	st Broadway .3980	604.261.63		604.321.6151		604.331.8903
Richmond	North and West Var	couver	Squamish		Whistler		Pemb	erton
8100 Granville Ave 604.233.3150	604.983.6700		1140 Hunter Place 604.892.2293 or 1.877.892.2231		202 - 4380 604.932.32			Portage Road 94.6967
Coastal								
Gibsons 821 Gibsons Way 604.984.5070	Sechelt 5571 Inlet Av 604.885.5164	-	Pender Harbour 5066 Francis Penin 604.883.2764	sula Rd	9 3rd Floor, 5 604.485.33	000 Joyce Ave		
Central Coast								
Bella Bella Heiltsuk Health Centr 250.957.2308 ext 229			Bella Coola Nuxalk Health & W 250.957.5441	ellness				