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# 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 Dat                            | e:   |  |
|---|--|--|--|--|
| School Name:  |  |  | Grade:   |  |
| Child's Name: (Last)  | (Fir   | rst)                                   | (Preferred)  |  |
| Date of Birth:  |  | S                                      | ex of child:                                       |  |
| Place of Birth: City  | Province   | Co                                     | untry  |  |
| Child's (BC) Personal Health Card #   |  |  |  |  |
| Home Address: Suite/Apt:  | Street:  |  |  |  |
| City:   | Postal Code:   |  |  |  |
| Physician/Health Care Provider:   |  | Office Phone #                         | t  |  |
| PARENT/GUARDIAN INFO a public health nurse can reach you if clarific  |  |  | nation for at least one parent/guardian, so that   |  |
| Primary: Name:  | Home: #  |  |  |  |
| Work: #   | Email Addr   | ess:                                   |  |  |
| Alternate: Name:  | Home: #  |  | _ Mobile: #  |  |
| Work: #   | Email Addr   | ess:                                   |  |  |
| CHILD'S VACCINATION II  | NFORMATIO  | N                                      |  |  |
| <ul> <li>Please attach your child's va</li> <li>BC Child Health Passport or other</li> <li>Write your child's name and date</li> <li>Tick here if you do not have a reco</li> </ul> | vaccination record (<br>of birth on <u>each pa</u> g | in the original language<br><u>e</u> . | <b>form:</b> and in a translated English version). |  |

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.

هذا الإشعار مهم جداً. رجاءاً أطلب من شخص أن يترجمه لك. AMHARIC ይህ ጠቃሚ ጣስታወቅያ ነው። እባክዎን ሴላ ሰው ያስተርጉምልዎት (Ethiopia) BURMESE ဤစာသည်အရေးကြီးသောသတိပေးအကြောင်းကြားစာဖြစ်ပါသည်။ ကျေးစူးပြု၍တစ်ယောက်ယောက်ကိုဘာသာပြန်နိုင်းပါ။ 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. **FRENCH** CECI EST UN AVIS IMPORTANT. PRIÈRE DE LE FAIRE TRADUIRE. यह एक बहुत जरुरी सूचना है। कृपया किसी से इसका अनुवाद करा लें। HINDI 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 នេះគឺបាសេចគ្នីទ្រកាសដ៏សំខាន់មួយ សុមម្មភាភម្មកចក្រំទ្របុនអ្នក 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 **PUNJABI** ਇਹ ਇਕ ਜ਼ਰੂਰੀ ਸੂਚਨਾ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ ਕਿਸੇ ਕੋਲੋਂ ਇਸ ਦਾ ਉਲੱਥਾ ਕਰਵਾ ਲਵੋ। 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/ ITO AY ISANG MAHALAGANG PAUNAWA. MANGYARING IPASALIN ITO PARA MAUNAWAAN. FILIPINO 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                      |                   |                           |                   |                           |                       |             |                   |                |  |
|--------------------------------|-------------------|---------------------------|-------------------|---------------------------|-----------------------|-------------|-------------------|----------------|--|
| Evergreen                      | Raven Song        | Robert                    | and Lily Lee      | Pacific Spirit            |                       | South       |                   | Three Bridges  |  |
| 3425 Crowley Dr                | 2450 Ontario St   | Family                    | Family            |                           | 2110 West 43rd Ave    |             | St                | 1128 Hornby St |  |
| 604.872.2511                   | 604.709.6400      |                           | ast Broadway      | 604.261.63                | 866                   | 604.321.615 | 1                 | 604.331.8903   |  |
| 604.675.3980                   |                   |                           |                   |                           |                       |             |                   |                |  |
| Richmond                       | North and West Va | ncouver                   | Squamish          |                           | Whistler              |             | Pemb              | perton         |  |
| 8100 Granville Ave             |                   |                           | 1140 Hunter Place |                           | 202 - 4380 Lorimer Rd |             | 1403 Portage Road |                |  |
| 604.233.3150                   |                   |                           | 604.892.2293 or   | 604.932.32                |                       | 02 604.89   |                   | 394.6939       |  |
|                                |                   |                           | 1.877.892.2231    |                           |                       |             |                   |                |  |
| Coastal                        |                   |                           |                   |                           |                       |             |                   |                |  |
| Gibsons                        | Sechelt           |                           | Pender Harbour    |                           | Powell Rive           | er          |                   |                |  |
| 821 Gibsons Way 5571 Inlet Ave |                   | 5066 Francis Peninsula Rd |                   | 3rd Floor, 5000 Joyce Ave |                       |             |                   |                |  |
| 604.984.5070 604.885.5164      |                   | 604.883.2764              |                   | 604.485.3310              |                       |             |                   |                |  |
| Central Coast                  |                   |                           |                   |                           |                       |             |                   |                |  |
| Bella Bella                    | Bella Coola       |                           | Bella Coola       |                           |                       |             |                   |                |  |
| Heiltsuk Health Centr          | e Public Health   | ı                         | Nuxalk Health & W | /ellness                  |                       |             |                   |                |  |
| 250.957.2308 ext 229           | 250.799.572       | 2                         | 250.957.5441      |                           |                       |             |                   |                |  |