

PHN OFFICE USE ONLY		
School: _____		
Div. _____	Gr. _____	Phised: Y / N

Request For Immunization Information

Dear Parent/Guardian:

We do not have immunization records for your child. Please complete this form and return it to your child's school **within one week** so we can ensure your child's immunizations are up-to-date. We will let you know if your child needs any further immunizations.

Child's Name: _____ Birthdate: ____/____/____
Last Name Given Names Year Month Day

Child's Care Card (Personal Health Number): _____ Gender: M F

Home Address: _____ Postal Code: _____ Home Phone: _____

Father's Name: _____ Daytime Phone: _____

Mother's Name: _____ Daytime Phone: _____

Guardian's Name: _____ Daytime Phone: _____

Previous Address: _____

Please:

attach a **photocopy** of your child's immunization record OR
 complete the following chart by entering the **DATES** your child received the immunizations.

DTaP-IPV-HIB ①				
②				
Hepatitis B				
Human Papillomavirus (HPV)				
Meningococcal C Conjugate				
Pneumococcal Conjugate				
Measles/Mumps/Rubella			①	_____
Hepatitis A			②	_____
Varicella (Chickenpox)			②	_____

Has your child had Chickenpox disease or Shingles? Yes No If yes, when? _____

Please return this form, with as much information as possible, to your child's school **within 1 week**. If you wish to discuss the immunization program or make an appointment, please phone the public health office checked below.

Thank you.

Public Health



<input type="checkbox"/> Esquimalt 250-519-5311	<input type="checkbox"/> Peninsula 250-544-2400	<input type="checkbox"/> Saanich 250-519-5100	<input type="checkbox"/> Salt Spring Island 250-538-4880	<input type="checkbox"/> Sooke 250-642-5464	<input type="checkbox"/> Victoria 250-388-2200	<input type="checkbox"/> West Shore 250-519-3490
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