

## IMMUNIZATION (VACCINATION) INFORMATION FOR SCHOOL

## **Dear Parent/ Guardian:**

Please complete and return this form when registering your child for school or you may complete this report online (<a href="www.vch.ca/child-immunization-report">www.vch.ca/child-immunization-report</a>) and submit to Vancouver Coastal Health (VCH) directly. The information you provide will be used by VCH to keep a record of your child's immunization history, to offer further immunization based on this history, and to respond to a communicable disease outbreak should it occur in a school.

CHILD INFORMATION			
	Date:		
School Name:		Grade:	
Child's Name: (Last)	(First)	(Preferred)	
Date of Birth: Day Month_	Year	Sex of child:	
Place of Birth: City	Province	Country	
Child's (BC) Personal Health Card #			
Home Address: Suite/Apt:	_Street:		
City:		ostal Code:	
Physician/Health Care Provider:	(	Office Phone #	
	tact information for at least	IFORMATION: one parent/guardian to enable	
a public health nurse to rea	tact information for at least ch you if clarification or con	one parent/guardian to enable firmation of any information is required.	
a public health nurse to rea Primary: Name:	tact information for at least ch you if clarification or con	one parent/guardian to enable firmation of any information is required.  Mobile:#	
a public health nurse to rea  Primary: Name:  Work#	tact information for at least ch you if clarification or con Home: # Email Address:	one parent/guardian to enable firmation of any information is required.  Mobile:#	
a public health nurse to rea  Primary: Name:  Work#  Alternate: Name:	tact information for at least ch you if clarification or cong  Home: #  Email Address:  Home: #	one parent/guardian to enable firmation of any information is required.  Mobile:#  Mobile:#	
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a public health nurse to rea  Primary: Name:  Work#  Alternate: Name:	tact information for at least ch you if clarification or con  Home: #  Email Address:  Home: #  Email Address:	one parent/guardian to enable firmation of any information is required.  Mobile:#  Mobile:#	

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

هذا الإشعار مهم جداً. رجاءاً أطلب من شخص أن يترجمه لك. ARABIC AMHARIC ይህ ጠቃሚ ማስታወቅያ ነው። እባክዎን ሴሳ ሰው ያስተርጉምልዎት (Ethiopia) ဤစာသည်အရေးကြီးသောသတိပေးအကြောင်းကြားစာဖြစ်ပါသည်။ ကျေးစူးပြု၍တစ်ယောက်ယောက်ကိုဘာသာပြန်မိုင်းပါ။ 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 जरुरी सूचना है। कृपया किसी से इसका अनुवाद करा लें। HINDI QUESTO È UN AVVISO IMPORTANTE, SIETE PREGATI DI FARVELO TRADURRE DA **ITALIAN** 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 នេះគីបាសេចគ្នីទ្រកាសដ៏សំខាន់មួយ សុមម្មភាកម្មកម្មកំរុម្មនម្មក ម (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** PORTUGUESE ESTE É UM AVISO IMPORTANTE. FAVOR PEDIR PARA ALGUÉM TRADUZI-LO. 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/ ITO AY ISANG MAHALAGANG PAUNAWA. MANGYARING IPASALIN ITO PARA MAUNAWAAN. **FILIPINO** ĐÂY LÀ THÔNG BÁO QUAN TRỌNG. HÃY NHỜ NGƯỜI DỊCH GIÚP. VIETNAMESE

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 a	nd Lily Lee	<b>Pacific Spirit</b>	t	South		Three Bridges
3425 Crowley Dr	2450 Ontario St	Family		2110 West 4	13rd Ave	6405 Knight S	St	1128 Hornby St
604.872.2511	604.709.6400	1669 Eas 604.675.	t Broadway 3980	604.261.636	66	604.321.6151	L	604.331.8903
Richmond	North and West Van	couver	Squamish		Whistler		Pembe	erton
8100 Granville Ave 604.233.3150	604.983.6700		1140 Hunter Place 604.892.2293 or 1.877.892.2231		202 - 4380 I 604.932.320			ortage Road 4.6967
Coastal								
<b>Gibsons</b> 821 Gibsons Way 604.984.5070	<b>Sechelt</b> 5571 Inlet Ave 604.885.5164		Pender Harbour 5066 Francis Penin 604.883.2764	sula Rd	Powell Rive 3rd Floor, 5 604.485.33	000 Joyce Ave		
Central Coast								
Bella Bella Heiltsuk Health Centr 250.957.2308 ext 229	Bella Coola e Public Health 250.799.5722		Bella Coola Nuxalk Health & W 250.957.5441	ellness				