

IMMUNIZATION (VACCINATION) INFORMATION FOR CHILDCARE

Important: Please complete and return this form to your childcare facility. If you wish to complete this information online go to www.vch.ca/child-immunization-report

Dear Parent/ Guardian:

All childcare facilities in BC are required by law under the *Community Care and Assisted Living Act* to keep a record of each child's immunization history. These records are required to be made available to Vancouver Coastal Health Authority (VCH) medical health officers for public health programs. The information you provide on this form will be used to update your child's health record at VCH in order that: medical health officers may respond if a disease outbreak occurs in your childcare facility; public health staff can recommend immunizations which your child may be missing; and VCH is able to provide better care to your child as part of its public health programs.

PART A: C Today's Date		D AND FAMILY INFO	RMAT	ION	****	PLEA	SE PR	RINT	CLEA	ARLY	***	
Childcare Fac	ility	Name										
Child's Name	<u> </u>	Company		Civer	Name -				Duefe	unad Na		
SEX	Bir	Surname irthdate dd mm yyyy		Given Name Birth Place			Preferred Name City Province Country					
Child's perso	nal h	nealth number (BC Care Card)										
Home Address			<u> </u>	Po	Postal Code			Home Phone				1
Health Care F	Provi	ider's Name		l	НСР	Phone	e #					
	PARENT/GUARDIAN – FIRST CONTA				PARENT/GUARDIAN – SECOND CONTACT							
First Name		•				•						
Last Name												
Daytime Pho	ne											
Email Addres	SS											
PART B: C	HIL	LD'S VACCINATION IN	IFORI	MATIC	N							
1. Has you	ur c	hild had chickenpox	diseas	se at	12 n	nonth	s of a	ge o	r olde	r?		
√ check t	the	correct answer \square Yes \square I	No 🗆 N	lot Su	re							
chickenpox dis	sease after	had chickenpox disease on or a and do not require vaccination 12 months of age (this includes ine. Dose 1 should be received a	n against s childrei	chicker n who h	npox disc	isease. ease yo	Children unger th	who h an 12	ave <u>not</u> months	<u>had</u> ch	nickenpo) need 2	ox 2 doses
2. ATTACI	H A	PHOTOCOPY of your	child's	vaccii	natio	n reco	ord to t	his fo	orm.			
•		uild Health Passport OR immuni Insure your child's name and dat						iginal :	record a	as it ap	pears in	English

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

AMHARIC (Ethiopia)	ይህ ጠታ <i>ሚ ጣስታ</i> -ወቅ <i>ያ ነው</i> -፡፡ አባክዎን ሌላ ሰው- <i>ያስተርጉ</i> ምልዎት፡፡
BURMESE	ဤစာသည်အဂျေးကြီးသောသတိပေးအကြောင်းကြားစာဖြစ်ပါသည်။ ကျေးဇူးပြ၍တစ်ယောက် ယောက်ကိုဘာသာပြန်နိုင်းပါ။
CHINESE	這是一份重要通告,請找人爲您翻譯。
CROATIAN	OVO JE VAŽNO OBAVJEŠTENJE. ZAMOLITE NEKOGA DA VAM GA PREVEDE.
FRENCH	CECI EST UN AVIS IMPORTANT. PRIERE DE LE FAIRE TRADUIRE.
HINDI	यह एक बहुत ज़रुरी सूचना है। कृपया किसी से इसका अनुवाद करा लें।
ITALIAN	QUESTO È UN AVVISO IMPORTANTE, SIETE PREGATI DI FARVELO TRADURRE DA QUALCUNO.
KHMER (Cambodia)	នេះគី៩រសេចក្តីប្រកាសដ៏សំខាន់មួយ សូមអ្នកគេអ្នកបកប្រែជុនអ្នក ទ
KOREAN	중요한 안내사항입니다. 번역을 할 수 있는 분에게 도움을 청하시기 바랍니다.
PERSIAN (Iran)	این یک اطلاعیهٔ مهم است. لطفا از کسی بخواهید آن را برای شما ترجمه کند.
POLISH	TO JEST WAŻNE ZAWIADOMIENIE. POPROŚ KOGOŚ ABY JE PRZETŁUMACZYŁ.
PUNJABI	ਇਹ ਇਕ ਜ਼ਰੂਰੀ ਸੂਚਨਾ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ ਕਿਸੇ ਕੋਲੋਂ ਇਸ ਦਾ ਉਲੱਬਾ ਕਰਵਾ ਲਵੋ।
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 (Philippines)	ITO AY ISANG MAHALAGANG PAUNAWA. MANGYARING IPASALIN ITO PARA MAUNAWAAN.
VIETNAMESE	ĐÂY LÀ THÔNG BÁO QUAN TRỌNG. HÀY 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 purposes. We may contact you in the future to ask whether you would like to participate in the evaluation of the school immunization program. If you have any questions about the collection and use of this information, contact your local public health nurse or VCH's Information Privacy Office at 604.875.5568 or email us at privacy@vch.ca

For vaccination schedules and more information Call your local public health nurse or go to www.immunizebc.ca

Community Health Centres in Vancouver Coastal Health

Vancouver					
Evergreen	Raven Song	Robert and Lily Lee	Pacific Spirit	South	Three Bridges
3425 Crowley Dr	2450 Ontario St	Family	2110 West 43rd Av	e 6405 Knight	St 1290 Hornby St
604.872.2511	604.709.6400	1669 East Broadway 604.675.3980	604.261.6366	604.321.615	604.736.9844
Richmond	North and West Van	couver Squamish	Whistle	er	Pemberton
8100 Granville Ave	604.983.6700	1140 Hunter Pla	ace 202 - 4	380 Lorimer Rd	1403 Portage Road
604.233.3150		604.892.2293 o 1.877.892.2231		2.3202	604.894.6939
Coastal					
Gibsons 494 South Fletcher Rd 604.886.5600	Sechelt 5571 Inlet Ave 604.885.5164	Pender Harbou 5066 Francis Pe 604.883.2764		or, 5000 Joyce Av	е
Central Coast					
Bella Bella 250.957.2308 ext 229	Bella Coola 250.799.5722				