

Note: This form is only applicable to persons in care age 13 years and older. As vaccination recommendations change frequently please check the BC Communicable Disease Control website for current recommendations:
www.bccdc.ca/health-info/immunization-vaccines/immunization-schedules

Name of Person in Care: _____

PERSON IN CARE IMMUNIZATION RECORD

PART A - To be completed upon admission to the facility.

To the best of my knowledge my current immunization status is as indicated below.

Recommended Immunizations: (check one box for each immunization listed)

Immunization	Yes	No	Unknown	Frequency of Booster
▪ Tetanus and Diphtheria (Td)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date of last booster (if known) _____
▪ Measles <i>Required if born after 1956</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None
▪ Rubella (MMR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None
▪ Mumps (MMR) <i>Required if born after 1956</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None
▪ Influenza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annually - Date of last immunization (if known) _____
▪ Pneumococcal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None
▪ Hepatitis B <i>Developmentally challenged or certain chronic illnesses only</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No booster required.

Medical certificate/record of vaccinations is provided (if available) Yes No

Person in care or alternate's signature: _____

Relationship to person in care: _____

Date: _____

PART B – To be completed by the Facility

Resident immunization status for the above recommended immunizations is:

Complete (person in care has all recommended immunizations)
 Medical certificate/record is on file Yes No Not available

Incomplete
 If incomplete or unknown immunization status: (check all that apply)

Person in Care encouraged to obtain recommended immunizations.

Person in Care has obtained recommended immunizations or boosters and provided verification.

Facility's policy regarding accommodating persons in care who are not immunized or incompletely immunized was reviewed with this person in care or alternate.

Reviewed by: _____ Date: _____