



fraserhealth

# REPORT OF IMMUNIZATION BY COMMUNITY VACCINE PROVIDER

Document COVID-19 vaccines in ImmsBC (Do not report these to FHA)

Report all other vaccines to Fraser Health below

OFFICE STAMP

HEALTH UNIT STAMP

Patient Information		Date of Immunization DD MM YY		Immunization information							
<b>Client #1</b>				<b>Vaccine</b>	<b>Dose #</b>	<b>Lot #</b>	<b>Site</b>	<b>Vaccine</b>	<b>Dose #</b>	<b>Lot #</b>	<b>Site</b>
<b>Name</b> (last, first name): [ ]				Td	[ ]	[ ]	[ ]	IPV (Polio)	[ ]	[ ]	[ ]
<b>PHN#</b> (care card): [ ]				Tdap	[ ]	[ ]	[ ]	Tdap-IPV	[ ]	[ ]	[ ]
<b>Date Of Birth:</b> (Year/Month/Day)				DTaP- <b>HB</b> -IPV-Hib	[ ]	[ ]	[ ]	DTaP-IPV-Hib	[ ]	[ ]	[ ]
<b>Gender:</b> [ Male Female ]				Pneumococcal Conjugate	[ ]	[ ]	[ ]	Pneumococcal Polysaccharide (23)	[ ]	[ ]	[ ]
<b>Address:</b> [ ]				Meningococcal C Conjugate	[ ]	[ ]	[ ]	Meningococcal QUAD Conjugate – A,C,Y,W-135	[ ]	[ ]	[ ]
<b>Phone:</b> [ ]				ROTAVIRUS	[ ]	[ ]	[ ]	MMRV	[ ]	[ ]	[ ]
<b>Parent/Guardian full name:</b> [ ]				MMR	[ ]	[ ]	[ ]	VARICELLA (VZ)	[ ]	[ ]	[ ]
<b>Name and Designation of Immunizer:</b> [ ]				<b>Pediatric Hepatitis B</b>	[ ]	[ ]	[ ]	<b>Pediatric Hepatitis A</b>	[ ]	[ ]	[ ]
				<b>Adult Hepatitis B</b>	[ ]	[ ]	[ ]	<b>Adult Hepatitis A</b>	[ ]	[ ]	[ ]
				HPV9	[ ]	[ ]	[ ]	Other [ ]	[ ]	[ ]	[ ]
<b>Client #2</b>				<b>Vaccine</b>	<b>Dose #</b>	<b>Lot #</b>	<b>Site</b>	<b>Vaccine</b>	<b>Dose #</b>	<b>Lot #</b>	<b>Site</b>
<b>Name</b> (last, first name): [ ]				Td	[ ]	[ ]	[ ]	IPV (Polio)	[ ]	[ ]	[ ]
<b>PHN#</b> (care card): [ ]				Tdap	[ ]	[ ]	[ ]	Tdap-IPV	[ ]	[ ]	[ ]
<b>Date Of Birth:</b> (Year/Month/Day)				DTaP- <b>HB</b> -IPV-Hib	[ ]	[ ]	[ ]	DTaP-IPV-Hib	[ ]	[ ]	[ ]
<b>Gender:</b> [ Male Female ]				Pneumococcal Conjugate	[ ]	[ ]	[ ]	Pneumococcal Polysaccharide (23)	[ ]	[ ]	[ ]
<b>Address:</b> [ ]				Meningococcal C Conjugate	[ ]	[ ]	[ ]	Meningococcal QUAD Conjugate – A,C,Y,W-135	[ ]	[ ]	[ ]
<b>Phone:</b> [ ]				ROTAVIRUS	[ ]	[ ]	[ ]	MMRV	[ ]	[ ]	[ ]
<b>Parent/Guardian full name:</b> [ ]				MMR	[ ]	[ ]	[ ]	VARICELLA	[ ]	[ ]	[ ]
<b>Name and Designation of Immunizer:</b> [ ]				<b>Pediatric Hepatitis B</b>	[ ]	[ ]	[ ]	<b>Pediatric Hepatitis A</b>	[ ]	[ ]	[ ]
				<b>Adult Hepatitis B</b>	[ ]	[ ]	[ ]	<b>Adult Hepatitis A</b>	[ ]	[ ]	[ ]
				HPV9	[ ]	[ ]	[ ]	Other [ ]	[ ]	[ ]	[ ]

This information is collected under and is subject to the provisions of the Freedom of Information and Protection of Privacy Act. Immunizations are recorded at the Health Unit. Please advise parent to retain a personal record.