

## **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 <a href="https://www.vch.ca/child-immunization-report">www.vch.ca/child-immunization-report</a>

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	HIL	D AND FAMILY INFO	RMAT	ION	****	PLEA	SE PR	INT	CLEA	RLY	***	
Today's Date												
Childcare Faci	ility I	Name										
Child's Name												
CEV		Surname		Give	iven Name				Prefe	erred Nai	me	
SEX	Birt	rthdate dd mm yyyy		В	Birthplace			City Province Country				
Child's persor	nal h	ealth number (BC Care Card)					]					<u> </u>
Home Address				F	Postal Code			Home Phone				
Health Care P	rovio	der's Name			HCP Phone #							
	PARENT/GUARDIAN – FIRST CONTACT				PARENT/GUARDIAN – SECOND CONTACT							
First Name		·				-						
Last Name												
Daytime Phor	ne											
Email Address	s											
	•				•							
PART B: C	HIL	D'S VACCINATION II	NFORM	ITAN	ON							
1. Has you	ır cł	nild had chickenpox	diseas	se at	12 m	nonth	s of ag	ge o	r olde	r?		
v check t	he c	orrect answer 🗆 <b>Yes</b> 🗀 I	No 🗆 N	lot Su	re							
Verreen		orrect answer - res		.00								
chickenpox dise	ease a	nad chickenpox disease on or a and do not require vaccination .2 months of age (this includes ne. Dose 1 should be received	n against s childrer	chicke n who l	npox d	isease. ease yo	Children unger tha	who h an 12 i	nave <u>not</u> months	: <u>had</u> cl of age)	nickenp need 2	ox 2 doses
2. ATTACH	<b>A</b> A	PHOTOCOPY of your	child's	vacci	natio	n reco	ord to t	his fo	orm.			
•		ld Health Passport OR immun sure your child's name and da						ginal	<b>record</b> a	ıs it apı	oears in	English

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

AMHARIC (Ethiopia)	ይህ ጠታጣኒ ጣስታ·ወቅያ ነው-፡፡ እባክዎን ሌሳ ሰው- ያስተርጉምልዎት፡፡
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)	នេះក្នុសខេត្តិព្រិស្មាសុក្តិសុខានុកិត្ត សិតអីមរមអីមិនកម្ពុជាក្នុងអីម
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 ਉਲੱਥਾ 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 <a href="https://www.immunizebc.ca">www.immunizebc.ca</a>

## **Community Health Centers in Vancouver Coastal Health**

Vancouver								
<b>Evergreen</b> 3425 Crowley Dr 604.872.2511	<b>Raven Song</b> 2450 Ontario St 604.709.6400	Family	nd Lily Lee st Broadway 3980	Pacific Spiri 2110 West 4 604.261.636	43rd Ave	<b>South</b> 6405 Knight 5 604.321.6151	St	Three Bridges 1290 Hornby St 604.736.9844
Richmond	North and West Van	couver	Squamish		Whistler		Pembe	rton
8100 Granville Ave 604.233.3150	604.983.6700		1140 Hunter Place 604.892.2293 or 1.877.892.2231		202 - 4380 604.932.320		1403 P 604.89	ortage Road 4.6939
Coastal								
<b>Gibsons</b> 494 South Fletcher Ro 604.886.5600	<b>Sechelt</b> 5571 Inlet Ave 604.885.5164	2	Pender Harbour 5066 Francis Penin 604.883.2764	isula Rd	Powell Rive 3rd Floor, 5 604.485.333	000 Joyce Ave		
Central Coast								
<b>Bella Bella</b> 250.957.2308 ext 229	<b>Bella Coola</b> 250.799.5722							