

## REPORT OF IMMUNIZATION BY COMMUNITY VACCINE PROVIDERS

Replacement vaccines are available free of charge from your Health Unit upon receipt of this completed form. Please read the following guidelines for vaccine use by community vaccine providers.

**Vaccine must be transported in a hard-sided, insulated cooler with ice pack (not Styrofoam).**

### PURPOSE

To provide information to Health Unit on all children 0 to 18 years immunized by community vaccine providers.

This information:

- a) enables us to assess the level of protected children in our community (recommended Provincial immunization level is 95%).
- b) is essential at the time of disease outbreaks.

### PROCEDURE

**Please print clearly, using black ink.**

Record information on all children immunized aged 0 - 18 years.

Complete this form and return to the local Health Unit **weekly** or as soon as the form is full – whichever is sooner. Forms may be returned by **fax** to the local Health Unit. See fax numbers below.

- 1) **Personal Health Number (CareCard Number):** Record child's personal health number.
- 2) **Child's Name:** Record LAST name first.
- 3) **Birthdate:** Record year, month, and date of birth.
- 4) **Address:** Record home address of child.
- 5) **Parent's Phone #:** Record phone number of parent(s) or guardian(s).
- 6) **Mother's Name:** Record name of parent(s) or guardian(s).
- 7) **Date Given:** Record year, month, and date that vaccine was given.
- 8) **Vaccine Agent:** Record type of vaccine given.
- 9) **Lot #:** Record as indicated on vaccine box. **Important in case of an adverse reaction.**

Record Lot # for Infanrix Hexa

**Lot xxxxxx**

located on Infanrix hexa box.

Record Lot # for MMR.

**LOT xxxxxxxx**

Diluent lot # not needed

- 10) **Dose Number in the Series:** Record dose number in series for each vaccine given.
- 11) **Injection Site:** Record site of injection (e.g. RL = right leg, LA = left arm; LL = left leg, RL = right leg). **Important if an adverse reaction occurs.**

### NOTES

- 1) Please advise the Health Unit immediately of any adverse reaction occurring after immunization. This will enable the Health Unit to take quick action should there be a problem with a vaccine.
- 2) In case of power outage or cold chain failure, call the Health Unit for instructions. Vaccine fridge temperatures should be monitored **twice daily** with the use of a minimum/maximum thermometer.
- 3) Do not discard expired or wasted vaccines. Contact your local Health Unit for instructions.
- 4) Please record immunizations in the child's personal Health Passport or provide a record of immunization. The Health Passport is provided to the parent by the Health Unit.

<b>Comox Valley Health Unit</b>	<b>Fax: 250-331-8521</b>	<b>Phone: 250-331-8520</b>
<b>Campbell River Health Unit</b>	<b>Fax: 250-850-2454</b>	<b>Phone: 250-850-2110</b>
<b>Port Hardy Health Unit</b>	<b>Fax: 250-902-6072</b>	<b>Phone: 250-902-6071</b>



REPORT OF IMMUNIZATION OF CHILDREN 0 TO 18 YEARS BY COMMUNITY VACCINE PROVIDERS

FAX WEEKLY (or when form is full) to the nearest Health Unit:

Comox Valley Health Unit Fax: 250-331-8521

Campbell River Health Unit Fax: 250-850-2454

Port Hardy Health Unit Fax: 250-902-6072

Vaccine Provider's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Child's Personal Health Number	Child's Name (Surname, First name)	Birthdate			Address	Phone #	Mother's Name	VACCINE ADMINISTERED					Site	
		Y	M	D				Date Given			Vaccine Agent	Lot#		Dose # in series
							Y	M	D					

Please record one vaccine per line (e.g. if a child receives MMR & Prevnar at the same appointment, complete one line for MMR & one line for Prevnar)

Please advise client to retain a personal record

For immunization information go to [www.bccdc.ca](http://www.bccdc.ca)

This information is collected under and subject to the provisions of The Freedom of Information and Protection of Privacy Act

