

### LICENSED CHILDCARE FACILITY HISTORY FORM

PLEASE RETURN THIS FORM TO THE LICENSED CHILDCARE FACILITY PROMPTLY TO COMPLETE YOUR REGISTRATION PROCEDURE. In order to protect the health of your child and the health of other children, all parents or guardians of children seeking admission to any licensed childcare facility in the jurisdiction of North or West Vancouver are requested to provide a record of their child's immunizations.

For new applicants, please complete both A and B sections. This form must be returned to the facility.

Childcare Facility: \_\_\_\_\_

#### A. CHILD'S INFORMATION (Please Print)

Child's Name \_\_\_\_\_ Sex: F\_\_ M\_\_ Birth date (\_\_\_\_/\_\_\_\_/\_\_\_\_)  
Surname Given name YYYYY M D

Personal Health Number \_\_\_\_\_ Country of Birth \_\_\_\_\_

History of **MEDICALLY DIAGNOSED** potentially life-threatening health condition that may require emergency medical care (ie. anaphylaxis, severe asthma, seizures, diabetes)

Parent/Guardian's Name \_\_\_\_\_ Work Phone (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

#### PLEASE SEE OTHER SIDE FOR ROUTINE IMMUNIZATION SCHEDULE

Conscientious Objector Yes

Children not protected may be excluded from school for the duration of a communicable disease outbreak.

B. Immunization History		Please enter date			
<i>PRIMARY INFANT SERIES</i>	Dose #1	Dose #2	Dose #3	Dose #4	
<b>PENTACEL</b> (DaPT/IPV/HIB) (Diphtheria, Pertussis, Tetanus, Polio & Haemophilus Influenza Type B)					
<b>HEPATITIS B</b>					
<b>PNEUMOCOCCAL CONJUGATE</b> (Prennar)					
<b>MMR – combined</b> (Measles, Mumps and Rubella)					
<b>MENINGOCOCCAL C CONJUGATE</b>					
<b>VARICELLA</b> (Chickenpox) <input type="checkbox"/> date of vaccine <b>OR</b> <input type="checkbox"/> date of disease					
<b>OTHER</b> (Specify) _____					
<i>SCHOOL ENTRY</i>					
<b>QUADRACEL</b> (DaPT/IPV) (Diphtheria/Pertussis/Tetanus/Polio)					
<b>OTHER</b> (Specify) _____					

I understand that the information provided will be entered into the BC Public Health Information System (database). This allows Vancouver Coastal Health to monitor the immunization status of the preschool population and provides access to health information should there be a communicable disease outbreak. The licensed childcare facility may provide student data to Vancouver Coastal Health by means of a class list that includes child's legal name, date of birth and address. This information is collected and shared as per the Freedom of Information & Protection of Privacy Act (FOIPPA) and the Personal Information Protection Act (PIPA) of B.C. and will only be used for purposes identified on this form.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ROUTINE IMMUNIZATION SCHEDULE

		2 mo	4 mo	6 mo	12 mo	18 mo	4-6 yr	Gr 6	Gr 9	Gr 12	Adult
<b>DPT/POLIO/HIB</b> (Diphtheria, Pertussis, Tetanus, Polio, Haemophilus Influenzae type B)	Diphtheria	●	●	●		●	●		●		● <sup>10</sup>
	Pertussis	●	●	●		●	●		●		
	Tetanus	●	●	●		●	●		●		●
	Polio	●	●	●		●	●				
	Haemophilus Influenzae type B	●	●	●		●					
<b>PNEUMOCOCCAL CONJUGATE<sup>1</sup></b>		●	●		●						
<b>HEPATITIS B<sup>2</sup></b>		●	●	●				● <sup>3</sup>			
<b>MMR (Measles, Mumps, Rubella)</b>	Measles				●	●					
	Mumps				●	●					
	Rubella				●	●					
<b>MENINGOCOCCAL C</b>		● <sup>4</sup>			● <sup>5</sup>			● <sup>6</sup>	● <sup>6</sup>	● <sup>6</sup>	
<b>VARICELLA</b>					● <sup>7</sup>	● <sup>8</sup>	● <sup>9</sup>	● <sup>9</sup>			

- Pneumococcal Conjugate** 1 - All infants born on or after July 1, 2003. Schedule change to 3 dose series for infants born on or after January 1, 2007.
- Hepatitis B** 2 - Infants born on or after Nov. 30, 1998
- 3 - Grade 6 *only* if not previously immunized
- Meningococcal C Conjugate** 4 - All infants born on or after April 1, 2005 receive 2 doses (at 2 and 12 months)
- 5 - All children born on or after July 1, 2002 receive 1 dose on or after their first birthday
- 6 - School Catch-up Program: One dose in Grade 6, 9 or 12 *only* if not previously immunized
- Varicella** **Please note:** Your child does not need Varicella vaccine if he/she had Chickenpox disease after 12 months of age
- 7 - All infants born on or after Jan. 1, 2004 receive 1 dose on or after their first birthday
- 8 - Catch-up Program: one dose for children 18 months to 4 years *only* if not previously immunized and no history of disease.
- 9 - Kindergarten and Grade 6 *only* if not previously immunized and no history of disease.
- Td** 10 - Adults require Diphtheria and Tetanus every 10 years

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

<b>AMHARIC (Ethiopia)</b>	ይህ ጠቃሚ ማስታወቂያ ነው። እባክዎን ሌላ ሰው ያስተርጉሙልዎት።
<b>BURMESE</b>	ဤစာသည် အရေးကြီးသော သတိပေးအကြောင်းကြားစာဖြစ်ပါသည်။ ကျေးဇူးပြု၍ တစ်ယောက်ယောက်ကို တာဝန်ယူ၍ ဖြန့်ချိပေးပါ။
<b>CHINESE</b>	這是一份重要通告，請找人為您翻譯。
<b>CROATIAN</b>	OVO JE VAŽNO OBAVJEŠTENJE. ZAMOLITE NEKOGA DA VAM GA PREVEDE.
<b>FRENCH</b>	CECI EST UN AVIS IMPORTANT. PRIERE DE LE FAIRE TRADUIRE.
<b>HINDI</b>	यह एक बहुत जरूरी सूचना है। कृपया किसी से इसका अनुवाद करा लें।
<b>ITALIAN</b>	QUESTO È UN AVVISO IMPORTANTE. SIETE PREGATI DI FARVELO TRADURRE DA QUALCUNO.
<b>KHMER (Cambodia)</b>	នេះគឺជាសេចក្តីប្រកាសដ៏សំខាន់មួយ សូមអ្នកអង្គុយអនុវត្តវា ឬ
<b>KOREAN</b>	중요한 안내사항입니다. 번역을 할 수 있는 분에게 도움을 청하시기 바랍니다.
<b>PERSIAN (Iran)</b>	این یک اطلاعیه مهم است. لطفاً از کسی بخواهید آن را برای شما ترجمه کند.
<b>POLISH</b>	TO JEST WAŻNE ZAWIADOMIENIE. POPROŚ KOGOŚ ABY JE PRZETŁUMACZYŁ.
<b>PUNJABI</b>	ਇਹ ਇਕ ਜ਼ਰੂਰੀ ਸੂਚਨਾ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ ਕਿਸੇ ਕੋਲੋਂ ਇਸ ਦਾ ਉਲਥਾ ਕਰਵਾ ਲਵੋ।
<b>SERBIAN</b>	OVO JE VAŽNO OBAVEŠTENJE. ZAMOLITE NEKOGA DA VAM GA PREVEDE.
<b>SOMALI</b>	KANI WAA OGEYSIIS MUHIIM AH. FADLAN QOF HA KUU TURJUMO.
<b>SPANISH</b>	ÉSTE ES UN AVISO IMPORTANTE. POR FAVOR, BUSQUE A ALGUIEN QUE SE LO TRADUZCA.
<b>TAGALOG (Philippines)</b>	ITO AY ISANG MAHALAGANG PAUNAWA. MANGYARING IPASALIN ITO PARA MAUNAWAAN.
<b>VIETNAMESE</b>	ĐÂY LÀ THÔNG BÁO QUAN TRỌNG. HÃY NHỎ NGƯỜI DỊCH GIÚP.