

Immunization History Collection

Personal Health Number ( Care Card): # _____

Name: _____ Sex: M__ F__ Birthdate: ____/____/____
Surname Given Names Canadian Name (If different) DD MM YY

IMMUNIZATION	Country where immunizations received _____						
	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY
DIPHtheria PERTUSSIS TETANUS (DPT)	/ /	/ /	/ /	/ /	/ /	/ /	/ /
DIPHtheria TETANUS	/ /	/ /	/ /	/ /	/ /	/ /	/ /
POLIO	/ /	/ /	/ /	/ /	/ /	/ /	/ /
HAEMOPHILUS INFLUENZAE B (HIB)	/ /	/ /	/ /	/ /	/ /	/ /	/ /
MEASLES – MUMPS - RUBELLA (MMR)	/ /	/ /	/ /	/ /	/ /	/ /	/ /
MEASLES (RUBEOLA)	/ /	/ /	/ /	/ /	/ /	/ /	/ /
RUBELLA (GERMAN MEASLES)	/ /	/ /	/ /	/ /	/ /	/ /	/ /
MUMPS	/ /	/ /	/ /	/ /	/ /	/ /	/ /
HEPATITIS B	/ /	/ /	/ /	/ /	/ /	/ /	/ /
HEPATITIS A	/ /	/ /	/ /	/ /	/ /	/ /	/ /
MENINGOCOCCAL Polysaccharide Type _____	/ /	/ /	/ /	/ /	/ /	/ /	/ /
MENINGOCOCCAL Conjugate Type _____	/ /	/ /	/ /	/ /	/ /	/ /	/ /
PNEUMOCOCCAL Polysaccharide Type _____	/ /	/ /	/ /	/ /	/ /	/ /	/ /
PNEUMOCOCCAL Conjugate Type _____	/ /	/ /	/ /	/ /	/ /	/ /	/ /
VARICELLA (CHICKENPOX)	/ /	/ /	/ /	/ /	/ /	/ /	/ /
JAPANESE ENCEPHALITIS	/ /	/ /	/ /	/ /	/ /	/ /	/ /
BCG	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Other	/ /	/ /	/ /	/ /	/ /	/ /	/ /

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