

Parent or Guardian:

This form is to provide Richmond Public Health (RPH) with immunization information for your child's confidential health record.
Please complete and return this form to the school or child care facility.

RPH requires a record of each child's immunization history. If one of the diseases listed below occurs in your school/child care facility and immunizations are not complete, **the Medical Health Officer may require your child to stay at home.**

PART A: Child and Family Information

PLEASE PRINT	School: _____	Grade: _____
Child's Name: _____	Sex: M F	Birthdate: ____/____/____
Last Name	Given Names	Day Month Year
Child's Personal Health Number (Care Card) _____		
Home Address: _____	Postal Code: _____	Home Phone: _____
Father's Name: _____	Daytime Phone: _____	
Surname	Given Name	
Mother's Name: _____	Daytime Phone: _____	
Surname	Given Name	
Guardian Name: _____	Daytime Phone: _____	
Surname	Given Name	
Doctor's Name: _____	Doctor's Phone: _____	

PART B: Child's Vaccination Information

Attach a photocopy of your child's vaccination record OR complete the following record.

Chicken Pox Disease: Did your child have chicken pox disease after his/her first birthday? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Children who have not had the chickenpox vaccine or disease after 1 year of age need the vaccine.						
IMMUNIZATION	DATE(S) GIVEN					
	DD/MON/YYYY	DD/MON/YYYY	DD/MON/YYYY	DD/MON/YYYY	DD/MON/YYYY	DD/MON/YYYY
DIPHTHERIA						
PERTUSSIS (WHOOPING COUGH)						
TETANUS						
POLIO						
HAEMOPHILUS INFLUENZAE B (HIB)						
MMR (MEASLES, MUMPS, RUBELLA)						
MEASLES (RUBEOLA)						
RUBELLA (GERMAN MEASLES)						
MUMPS						
HEPATITIS B						
MENINGOCOCCAL C CONJUGATE						
PNEUMOCOCCAL CONJUGATE						
VARICELLA (CHICKEN POX)						
HPV (HUMAN PAPILLOMAVIRUS)						
ROTAVIRUS						
List OTHER Vaccines						

- Does the child have: Any medical conditions? _____
- Severe allergies? (describe) _____
- A history of serious reaction to any previous immunization(s)? (Describe) _____

