

# REPORT OF IMMUNIZATION OF CHILDREN 0-18 YEARS BY COMMUNITY VACCINE PROVIDERS

All immunizations provided to clients 0-18 years **MUST** be reported to Public Health.

## PURPOSE

- Enables Public Health to assess the level of protected children in our community (recommended Provincial immunization level is 95%) and is essential to know during disease outbreaks.

## PROCEDURE

- **Print clearly, using black ink.**
- Record information on all children immunized aged 0-18 years.
- Complete form and **fax** to local Health Unit **weekly** or as soon as the form is full – whichever is sooner.
  - Health Unit fax number is listed on the Reporting Form.

## REQUIRED INFORMATION

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

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) **Route:** Record route of injection (e.g. SC = subcutaneous, IM = intramuscular)
- 12) **Injection Site:** Record site of injection (e.g. RL = right leg, LA = left arm; LL = left leg, RL = right leg)

This information is important in the event of an adverse event following immunization (AEFI).

## NOTES

- 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.
- 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.
- Do not discard expired or wasted vaccines. Contact your local Health Unit for instructions.
- **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**

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



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**Fax to local health unit weekly or as soon as the form is full – whichever is sooner**

Clinic / Office / Pharmacy: \_\_\_\_\_ Fax: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_

<b>North Island</b>	
Campbell River	Fax: 250-850-2454
Comox Valley	Fax: 250-331-8521
Port Hardy	Fax: 250-902-6072
<b>South Island</b>	
	Fax: 250-744-1042

<b>Central Island</b>	
Cowichan Valley	Fax: 250-709-3055
Nanaimo	Fax: 250-755-3369
Parksville	Fax: 250-947-8241
Port Alberni	Fax: 250-731-1316
Tofino	Fax: 250-725-4019

Child's Personal Health Number	Child's Name (Surname, First name)	Birthdate			Address	Phone Number	Parent Name(s)	VACCINE ADMINISTERED – ONLY RECORD ONE VACCINE PER LINE					Panorama	
		Y	M	D				Date Given	Vaccine Agent	Lot Number	Dose # in series	Route		
		Y	M	D								Site		

- Information on publicly funded vaccines found in [BCCDC Immunization Manual](#)
- Advise client to retain a personal record

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