Childhood Immunization Reporting

phsd.ca • **tel:** 705.522.9200, ext. 458 • **toll-free:** 1.866.522.9200 • **confidential fax:** 705.677.9616

Public Health
Santé publique
SUDBURY & DISTRICTS

Health Care Provider Site: _____

Please fax record of any vaccines administered to persons 0 to 18 years of age to the attention of:
Vaccine Preventable Diseases Team

DEMOGRAPHICS				VACCINE														
Date Vaccine Administered (y/m/d)	**Client Name** Legal Last, Legal First, Chosen Name (if different than legal name)	**Client Date of Birth** (y/m/d)	**Client Gender**	**Tdap** – Tetanus, Diphtheria, Pertussis (Adacel®/Boostrix®)	**Tdap-IPV** – Tetanus, Diphtheria, Pertussis, Poliomyelitis (Adacel-Polio®/Boostrix-Polio®)	**HPV-9** – Human Papilloma virus (Gardasil-9®)	**HB** – Hepatitis B (Recombivax HB®/Engerix-B®)	**Men-C-ACYW** – Meningococcal (Menactra®/Nimenrix®)	**Men-C-C** – Meningococcal (Menjugate Liquid®/ NeisVac-C®)	**MMR** – Measles, Mumps, Rubella (M-M-R II®/ Priorix®)	**MMRV** – Measles, Mumps, Rubella, Varicella (Priorix-Tetra®/ ProQuad®)	**DTaP-IPV-HIB** – Tetanus, Diphtheria, Pertussis, Poliomyelitis, Haemophilus influenzae type b (Pediacel®/Pentacel®)	**IPV** – Poliomyelitis (Imovax Polio®)	**Pneu-C-15** – Pneumococcal (Vaxneuvance®)	**Rot-1** – Rotavirus (Rotarix®)	**Var** – Varicella (Varilrix®/Varivax III®)	**Other (please specify):**	**Vaccine Product Lot #**

Please remind parents and legal guardians to report vaccines to Public Health Sudbury & Districts by phone, fax, or on Public Health's website: phsd.ca/reportvaccines.

O:2018-11
R:2024-04