

# Childhood Immunization Reporting

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Health Care Provider Site: \_\_\_\_\_

Please fax record of any vaccines administered to persons 0 to 18 years of age to the attention of: <b>Vaccine Preventable Diseases Team</b>				<b>VACCINE</b>														
<b>DEMOGRAPHICS</b>				<b>Tdap</b> – Tetanus, Diphtheria, Pertussis (Adacel®/Boostrix®)	<b>Tdap-IPV</b> – Tetanus, Diphtheria, Pertussis, Poliomyelitis (Adacel-Polio®/Boostrix-Polio®)	<b>HPV-9</b> – Human Papilloma virus (Gardasil-9®)	<b>HB</b> – Hepatitis B (Recombivax HB®/Engerix-B®)	<b>Men-C-ACYW</b> – Meningococcal (Menactra®/Nimenrix®)	<b>Men-C-C</b> – Meningococcal (Menjugate Liquid®/ NeisVac-C®)	<b>MMR</b> – Measles, Mumps, Rubella (M-M-R II®/ Priorix®)	<b>MMRV</b> – Measles, Mumps, Rubella, Varicella (Priorix-Tetra®/ ProQuad®)	<b>DTaP-IPV-HIB</b> – Tetanus, Diphtheria, Pertussis, Poliomyelitis, Haemophilus influenzae type b (Pediactel®/Pentacel®)	<b>IPV</b> – Poliomyelitis (Imovax Polio®)	<b>Pneu-C-13</b> – Pneumococcal (Prennar-13®)	<b>Rot-1</b> – Rotavirus (Rotarix®)	<b>Var</b> – Varicella (Varilix®/Varivax III®)	<b>Other (please specify):</b>	<b>Vaccine Product Lot #</b>
<b>Date Vaccine Administered</b> (y/m/d)	<b>Client Name</b> Legal Last, Legal First, Chosen Name (if different than legal name)	<b>Client Date of Birth</b> (y/m/d)	<b>Client Gender</b>															

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](http://phsd.ca/reportvaccines).