

Childhood Immunization Reporting

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



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				VACCINE															
DEMOGRAPHICS				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 (Pediactel®)	IPV – Poliomyelitis (Imovax Polio®)	Pneu-C-13 – Pneumococcal (Pnevnar-13®)	Rot-1 – Rotavirus (Rotarix®)	Var – Varicella (Varilix®/Varivax III®)	Other (please specify):	Vaccine Product Lot #	
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																

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.