

COMMENTS OR INSTRUCTIONS FOR CAREGIVER (TICK APPROPRIATE ONES):

- MEDICATION ALLERGIES
- THERAPEUTIC DIET (FOR REASONS OF HEALTH, RELIGION, ETHNICITY): _____
- SPECIAL INSTRUCTIONS FROM PARENT OR HEALTH CARE PROFESSIONAL: (ATTACH DOCUMENTATION)

- CUSTODY ORDERS YES NO (ATTACH DOCUMENTATION)

INDICATE ANY **ILLNESS** OR **MEDICAL DISABILITIES** YOUR CHILD HAS (GIVE DATES):

BASIC IMMUNIZATION SCHEDULE – VANCOUVER ISLAND HEALTH AUTHORITY – SOUTH

	1 ST visit @2 mo.	2 ND visit 2 mo. After 1 st	3 RD visit 2 mo. After 2 nd	4 TH visit 12 mo. of age	5 TH visit 12 mo. after 3rd	4 – 6 YEARS	GRADE 6	GRADE 9	GRADE 12
Indicate Date Immunizations Received→	/								
Diphtheria	*	*	*		*	*		*	
Pertussis	*	*	*		*	*		*	
Tetanus	*	*	*		*	*		*	
Poliomyelitis	*	*	*		*	*			
HIB (1)	*	*	*		*				
Hepatitis B	*(2)	*(2)	*(2)				** (3)		
Pneumococcal Conjugate	*(4)	*(4)	*(4)		*(4)				
Measles/Mumps/Rubella				*	*				
Meningococcal C Conjugate	*(5)			*(5)			*(7)	*(7)	*(7)
Varicella (Chickenpox)				*(8)		*(9)	*(9)		

1. HIB protects against Haemophilus influenza B which may cause meningitis.
2. Hepatitis B immunization program for children born on or after January 1, 2001.
3. Grade 6 Hepatitis B for children who were not previously immunized.
4. Pneumococcal Conjugate for children born on or after July 1, 2003.
5. Meningococcal C Conjugate:
 - for children born on or after April 1, 2005 one dose at 2 months of age and one dose at 1 year of age
 - for children born on or after July 1, 2002 one dose at 12 months
6. All First Nations children, ages 2-59 months, should receive an age-appropriate series of Pneumococcal Conjugate vaccine
7. Grade 6 and Grade 9 Meningococcal C:
 - for children who were not previously immunized.
8. Varicella (Chickenpox) for children, born on or after January 1, 2004, who have not had chickenpox disease, shingles, or previous dose of Varicella vaccine.
9. Varicella (Chickenpox) for children who have not had chickenpox disease, shingles or previous dose of Varicella vaccine.

I HEREBY GIVE MY CONSENT FOR A STAFF MEMBER TO CALL A MEDICAL PRACTITIONER OR AMBULANCE FOR MY CHILD IN THE CASE OF ACCIDENT OR ILLNESS, IF I CANNOT IMMEDIATELY BE REACHED.

PARENT'S SIGNATURE

DATE

January 2006