

IMMUNIZATION RECORD

Before school starts, it is important to make sure that your child has all the vaccines he or she needs. Prior to the start of school, it is recommended that all students have completed the **Nova Scotia Routine Childhood Immunization Schedule**. For more information about recommended immunization, see page 3 and 4 of *A Healthy Start to School*, or find the schedule for childhood immunization at http://www.gov.ns.ca/hpp/publications/Routine_Child_Immun.pdf

INSTRUCTIONS: For Parent/Guardian

1. Please complete all identifying information on this form. Please include the Nova Scotia Health Card Number (MSI), if available.
2. Attach a clear photocopy of your child's personal immunization record. All parents of children are provided a pocket size immunization record in the information package from the IWK at birth. This record should be updated each time your child receives a vaccine, and be kept in a secure place.
3. If you do not have a written immunization record, it is important that you have a copy in your personal files, as immunization records are often requested later in life for work, school or travel purposes.
4. If your child's immunization is not up to date, please make an appointment with your family doctor to catch-up on the recommended vaccines, and request to have a copy of the record of vaccines given, to keep as your child's personal immunization record.
5. Please promptly return all Immunization Records to your child's school or send directly to _____
Public Health * School Health Team * Capital District Health Authority 7 Mellor Avenue Unit 5 Dartmouth, NS B3B 0E8

Student's Last Name _____ First Name _____ School _____

Sex Male Female

Date of Birth _____ | _____ | _____ | _____ |
Year Mo Day

Health Card Number (MSI)

Parent's or Guardian's Last Name _____ First Name _____

Mailing Address _____

City/Town _____ Postal Code _____

Telephone Number HOME _____ OTHER _____

Family Doctor _____ Telephone Number _____

IMMUNIZATION RECORD Please record the date of vaccine given or attach a copy of the immunization record.

Recommended Vaccines	2 months	4 months	6 months	12 months	18 months	4-6 years	Comments
DaPTP + Hib Diphtheria, acellular pertussis (whooping cough), tetanus, polio, and Haemophilus influenzae type b vaccine (<i>Pentacel</i> or <i>Pediacel</i>)	year, month, day	year, month, day	year, month, day		year, month, day		
Pneumo. Conjugate Pneumococcal conjugate vaccine (<i>Prevnar</i>)	year, month, day	year, month, day	year, month, day		year, month, day		
Men C Conj. Meningococcal group C conjugate vaccine (<i>NeisVac-C</i> or <i>Menjugate</i>)				year, month, day			
Varicella Varicella (chickenpox) vaccine (<i>Varilrix</i> or <i>Varivax</i>)				year, month, day			
MMR Measles, mumps, rubella vaccine (<i>MMRII</i>)				year, month, day		year, month, day	
DaPTP Diphtheria, acellular pertussis (whooping cough), tetanus, and polio vaccine (<i>Quadracel</i>)						year, month, day	
OTHER VACCINES Note type and date given							

Please Keep a Copy of Your Personal Immunization Record