

Client name: _____ Date of birth: _____

Personal health number: _____ Male Female

Return date: _____

Address: _____

Phone/cell #: _____ Parent name: _____

Name of vaccine	Immunization date (YYYY/MM/DD)	Lot #	Dose #	Site (Specify RA/LA)	EMR
Hepatitis A					HEALTH UNIT USE ONLY
Hepatitis B					
HPV (Gardasil)					
Measles/mumps/rubella (MMR)					
Meningococcal C					
Pneumococcal					
Tetanus/diphtheria/pertussis (Tdap)					
Tetanus/diphtheria/pertussis/polio (Tdap-IPV)					
Tetanus/diphtheria (Td)					
Varicella					
Other:					

Complete one form per client visit and fax to local Health Unit (see below)

Vaccine provider: _____ Pharmacy/clinic: _____

Northwest	Northern Interior	Northeast
Atlin Health Centre T: 250-651-7677 F: 250-651-7687	Burns Lake T: 250-692-2412 F: 250-692-2469	Chetwynd T: 250-788-7300 F: 250-788-9877
Dease Lake T: 250-771-4444 F: 250-771-3911	Fort St. James T: 250-996-2700 F: 250-996-8212	Dawson Creek T: 250-719-6500 F: 250-795-6236
Hazelton T: 250-842-4640 F: 250-842-4642	Fraser Lake T: 250-699-6225 F: 250-699-6987	Fort Nelson T: 250-774-7092 F: 250-774-7096
Houston T: 250-845-2294 F: 250-845-7884	Mackenzie T: 250-997-8517 F: 250-997-3253	Fort St John T: 250-263-6000 ext 6098 F: 778-576-0195
Kitimat T: 250-632-3181 F: 250-632-7081	McBride T: 250-569-2251 ext 2026 F: 250-569-2232	Hudson's Hope T: 250-783-9991 F: 250-783-9125
Masset T: 250-626-4702 F: 250-626-4708	Prince George T: 250-645-8973 F: 250-645-7981	Tumbler Ridge T: 250-242-5271 F: 250-242-3889
Prince Rupert T: 250-622-6380 F: 250-622-6391	Quesnel T: 250-985-5657 F: 250-983-6843	
Daajing Giids T: 250-559-4933 F: 250-559-8037	Valemount T: 250-566-9138 ext. 2000 F: 250-566-4319	
Smithers T: 250-847-6400 F: 250-847-5908	Vanderhoof T: 250-567-6900 F: 250-567-6170	
Stewart T: 250-636-2221 F: 250-636-2715		
Terrace T: 250-631-4200 F: 250-638-2264		

