



Request for Vaccination Information

Alberta Health Services provides vaccination services to children in Calgary area schools. This service is free of charge and provided at school with the consent of the parent or guardian. To determine your child's eligibility for vaccinations, we require information about vaccinations previously given. To assist us in providing this service, please complete the following and return to school nurse.

		Client ID #:	for nurse use
School _____	Grade/Room # _____		
Child's Last Name _____			
Child's First Name _____		Child's Middle Name _____	
List any other first and/or last names your child may be known by _____			
Date of Birth _____ <i>yyyy/Mon/dd</i>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Place of Birth _____ <i>city, country</i>	Date of Entry into Canada: _____ <i>yyyy/Mon/dd</i>		
Address of Child _____		Postal Code _____	
Alberta Personal Health Number (PHN): _____		Or ULI: _____	
Or Interim Federal Health Number: _____		Or Other Provincial PHN: _____	
Mother's Name: _____ <i>last</i> <i>first</i>			
Phone #: Home _____	Work _____	Cell _____	
Father's Name: _____ <i>last</i> <i>first</i>			
Phone #: Home _____	Work _____	Cell _____	
Has your child had Chickenpox disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year? _____			
<input type="checkbox"/> Please check if you do not have a paper copy of your child's vaccination record.			

Please send a copy of your child's vaccination record to the school nurse or sign the consent on the next page so that your child's vaccination records may be requested.

Please turn over →

Where did your child receive his/her infant vaccines? (Birth-3 years of age?)

Public health clinic or Doctor's name(s): _____

City _____ Country _____

Phone # _____ Fax # _____

If different from above, where did your child receive his/her preschool vaccines? (3-6 year of age)

Public health clinic or Doctor's name(s): _____

City _____ Country _____

Phone # _____ Fax # _____

Brothers'/Sisters' Names	Gender (M/F)	Date of Birth (yyyy/mon/dd)	Present School Attending	Last School Attended	Last Clinic/Doctor's Office where Immunizations Given (include phone and fax #)

I hereby give permission for Alberta Health Services to contact the Doctor's office or clinic (as listed above) to obtain vaccination records for the above named child/children.

Parent/Legal Guardian Signature _____

Parent/Legal Guardian Printed Name _____

 yyyy/Mon/dd
 Date

*Please note that we are unable to request records from other countries.

If you have any questions or concerns, please call the Community Health Centre or Public Health Office listed below.

Calgary Community Health Centres:

- | | |
|--|--|
| <input type="checkbox"/> Acadia 403-944-7200 | <input type="checkbox"/> Sheldon Chumir 403-955-1250 |
| <input type="checkbox"/> East Calgary 403-955-1250 | <input type="checkbox"/> South Calgary 403-943-9500 |
| <input type="checkbox"/> Northwest 403-943-9700 | <input type="checkbox"/> Thornhill 403-944-7500 |
| <input type="checkbox"/> Shaganappi 403-944-7373 | <input type="checkbox"/> Village Square 403-944-7000 |

Rural Public Health Offices:

- | | | |
|---|--|--|
| <input type="checkbox"/> Airdrie 403-912-8400 | <input type="checkbox"/> Claresholm 403-625-4061 | <input type="checkbox"/> Nanton 403-646-2277 |
| <input type="checkbox"/> Banff 403-762-2990 | <input type="checkbox"/> Cochrane 403-851-8130 | <input type="checkbox"/> Okotoks 403-995-2600 |
| <input type="checkbox"/> Black Diamond 403-933-6505 | <input type="checkbox"/> Didsbury 403-335-7292 | <input type="checkbox"/> Strathmore 403-361-7200 |
| <input type="checkbox"/> Canmore 403-678-5658 | <input type="checkbox"/> High River 403-652-5450 | <input type="checkbox"/> Vulcan 403-485-2285 |

To be able to provide health services to you and/or your family, we need to ask you for some personal information. The Health Information Act protects how your personal information is collected and used. If you have any questions about how your personal information is collected and used, please ask your nurse at the Community Health Centre/Public Health Office nearest you. You can also call the information and privacy Office of Alberta Health Services at 403-943-0424.

Where did your child receive his/her infant vaccines? (Birth-3 years of age?)

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City _____ Country _____

Phone # _____ Fax # _____

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