

Hepatitis A and B Report Form

Dear Doctor / Nurse:

Please forward to the Thunder Bay District Health Unit the dates the Hepatitis A and Hepatitis B vaccines have been completed. Please fax to (807) 625-4828 to the attention of **Nicole O'Quinn**.

Client name _____ D.O.B. _____

Address _____

Phone # _____

Vaccine

Date Given

Hep B Vaccine

#1 _____

#2 _____

#3 _____

Hep A Vaccine

#1 _____

#2 _____

Td – (every 10 years)

Personal information collected on this form is under the authority of the Health Protection and Promotion Act, R.S.O. 1990, as amended and in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 and the Personal Health Information Protection Act, 2004. The information collected is to maintain an immunization record for this client. Direct any questions regarding the collection of this information to the Privacy Officer, Thunder Bay District Health Unit, 999 Balmoral Street, Thunder Bay, ON P7B 6E7 Telephone (807) 625-5900

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Thunder Bay District
Health Unit