Immunization of Children (Ages 0-18 years) Report Form

Thunder Bay District Health Unit

Please complete and fax to (807)625-4828. The information in this form is used to update the client's immunization record on the provincial database (Panorama). Submitting this information routinely will help reduce the number of letters sent to parents from our office asking for immunization updates as well as reduce the number of requests your office receives for immunization records.

Client: _____ Date of Birth _____/_____/_____ Sex: M / F / Unknown
(yyyy/mm/dd):

Health Card #: _____

The following vaccine(s) were administered: Date: :_____ Health Care Provider/Clinic :_____

Vaccine	Trade Name of Vaccine	Lot Number	Vaccine	Trade Name of Vaccine	Lot Number
DTaP-IPV-Hib	☐ PEDIACEL® ☐ Infanrix-IPV/Hib™		HB	☐ ENGERIX®-B ☐ RECOMBIVAX HB®	
Pneu-C-13	☐ Prevnar® 13		Men-C-ACYW	☐ Menactra®	
Rot-1	☐ ROTARIX™		HPV-4	☐ GARDASIL®	
Men-C-C	☐ Menjugate®		HPV-9	☐ GARDASIL9®	
MMR	☐ M-M-R® II ☐ PRIORIX®		Polio	☐ IMOVAX® Polio	
Varicella	☐ VARILRIX® ☐ VARIVAX® III		Hib	☐ Act-HIB® ☐ Hiberix®	
MMRV	☐ PRIORIX-TETRA® ☐ Proquad™		DTaP-IPV	☐ QUADRACEL® ☐ Infanrix-IPV™	
Tdap-IPV	☐ ADACEL®-POLIO ☐ BOOSTRIX®-POLIO		Tdap	☐ ADACEL® ☐ BOOSTRIX®	