IMMUNIZATION REPORTING (ALL AGES)

Fax: (807) 625-4828

Thunder Bay District Health Unit

Name: _____ Date of Birth _____/_____/_____

Health Card: _____ Gender_____

Date vaccine administered_____HCP/Clinic_____

Vaccine	Trade Name	Lot Number - REQUIRED
DTaP-IPV-Hib	☐ Pediacel®	
Pneu-C-13	☐ Prevnar® 13	
Rotavirus	☐ Rotateq®	
MMR	☐ M-M-R® II ☐ Priorix®	
Men-C-C	☐ Menjugate® ☐ NeisVac-C®	
Varicella	☐ Varilrix® ☐ Varivax® III	
MMRV	☐ Priorix-Tetra™ ☐ ProQuad™	
Tdap-IPV	☐ Adacel®-Polio ☐ Boostrix®-Polio	
Men-C-ACYW135	☐ Menactra®	
HPV-9	☐ Gardasil® 9	
Hep B	☐ Engerix-B® ☐ Recombivax HB®	
Tdap	☐ Adacel ® ☐ Boostrix®	
Td	☐ Td Adsorbed®	
Pneu-P-23	☐ Pneumovax® 23	
Polio	☐ Imovax® Polio	
Hib	☐ Act-Hib® ☐ Hiberix®	
Hep A	☐ Havrix® ☐ Avaxim® ☐ Vaqta®	
Herpes Zoster	☐ Zostavax® ☐ Shingrix®	
OTHER:		

Personal information on this form is collected 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. This information will be used to maintain an immunization record. For questions regarding the collection of your personal information, please contact the Thunder Bay District Health Unit, 999 Balmoral Street, Thunder Bay, ON P7B 6E7. Telephone (807) 625-5900