



BODWELL HIGH SCHOOL

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IMMUNIZATION HISTORY RECORD

STUDENT IMMUNIZATION INFORMATION							
NAME OF APPLICANT			COUNTRY OF BIRTH		DATE OF BIRTH (YYYY / MM / DD)		
To assist our local Health Authority in case of a communicable disease outbreak, please complete the following information. If your child is missing any of the following immunizations please ensure that they receive the immunizations before starting at or returning to Bodwell High School.							
ROUTINE CHILDHOOD IMMUNIZATION	DATE OF DOSE #1 (YYYY / MM / DD)	DATE OF DOSE #2 (YYYY / MM / DD)	DATE OF DOSE #3 (YYYY / MM / DD)	DATE OF DOSE #4 (YYYY / MM / DD)	DATE OF DOSE #5 (YYYY / MM / DD)		
Varicella (Chicken Pox)							
<table border="1"> <tr> <td>Vaccine (after age 1)</td> <td>OR Date of disease</td> </tr> </table>	Vaccine (after age 1)	OR Date of disease					
Vaccine (after age 1)	OR Date of disease						
DPT							
Polio, IPV, or OPV							
HIB							
DPTPoHib							
DPTPoHepBhib							
Hepatitis B							
Hepatitis A							
Measles							
Mumps							
Rubella							
MMR							
Rotavirus							
Meningococcal C							
Meningococcal A, C, W, Y							
Pneumococcal 13							
Pneumococcal 7							
HPV (Human Papillomavirus)							
BCG							
TUBERCULOSIS STATUS							
Date of BCG if student has had one (YYYY / MM / DD):		Date and Result of TB skin test (YYYY / MM / DD):		Date and Result of last Chest X-ray (YYYY / MM / DD):			
Bodwell High School is not responsible if a student develops a communicable disease, which can result in a loss of school time and / or medical complications, due to failure to meet Canadian Immunization Standards.							
CONSENT TO RECEIVE MISSING IMMUNIZATIONS: In case of a communicable disease outbreak and regularly scheduled Grade 9 immunization updates (Tdap), I hereby give BODWELL HIGH SCHOOL permission to arrange the administration of missing immunizations through the VANCOUVER COASTAL HEALTH AUTHORITY. At such time we will provide students and parents with Consent Forms specific to vaccines given.							
PARENT / GUARDIAN SIGNATURE				DATE			