



## IMMUNIZATION RECORD

<b>Name:</b> PHILLIPS-BELL, Juanita	<b>DOB:</b> 1973 Jun 01	<b>Client ID:</b> 833039
	<b>Age:</b> 46y	<b>PHN/YHCIP:</b> 9871496867/
	<b>Gender:</b> Female	

Based on our records, Juanita Phillips-Bell has received the following immunizations:

### Immunization History

Immunization	Description (Dose)	Date	Note	Dosage	Trade Name	Lot #
HB	Hepatitis B(1)	2019 Jan 02		1.0 mL	Engerix-B	AHBVC710AG
HB	Hepatitis B(2)	2019 Feb 06		1.0 mL	Engerix-B	AHBVC710AG
HB	Hepatitis B(3)	2019 Jul 10		1.0 mL	Engerix-B	AHBVC735AG
Influenza-Inactivated	Influenza-Inactivated(1)	2019 Jan 02		0.5 mL	FluZone	UJ005AA
MMR	Measles(1), Mumps(1), Rubella(1)	2019 Jan 02		0.5 mL	Priorix	AMJRD480AC
MMR	Measles(2), Mumps(2), Rubella(2)	2019 Feb 06		0.5 mL	Priorix	AMJRD647AA
Td	Diphtheria(7), Tetanus(7)	2019 Jan 02	RO	0.5 mL	Td Adsorbed	C5411AA

Some or all of the following immunizations do not meet recommended guidelines. These immunizations may need to be repeated:

Immunization	Description (Dose)	Date	Note	Dosage	Trade Name	Lot #

Notes:  
 E - The date is estimated for this historical immunization.  
 O - The status for this immunization has been overridden.  
 R - The dose number for this immunization has been revised as previous dose information is unknown or not recorded.  
 X - Invalid dose. Some or all of this immunization is not considered part of the BC or Yukon recommended/routine schedule. Please look at the Reason for Invalidation table below.

### Reason for Invalidation

Invalid Immunization/Antigens	Date of Immunization / Reason for Invalidation

**This is an important record. Please keep in a safe place.  
 Please contact your local health unit if you have any concerns or questions.**



IMMUNIZATIONS FOR CHILD CARE PROGRAM STUDENTS

Name: PHILLIPS-BELL JUANITA (Last) (First) (Initial) Maiden Name: (If applicable)

Address: P.O. Box 141 HOPKINS ROAD (Street) MERVILLE (City) BC (Prov) V0R2M0 (Postal Code)

Phone (Include area code): 250 702 7081 E-mail: kwijuan@telus.net

Date of Birth 13/06/01 (yr mo day) Student ID#: 0091743 Student Health Chart #: (if known)

Personal Health Number 9871496867

Program: ECE CERTIFICATE

Date of entry to program: (Month) (Year)

\*\*\*\*\*Please list all dates for immunizations in the following order: Year/Month/Day\*\*\*\*\*

NOTE: Vaccine providers should refer to the BCCDC Immunization Manual available at www.bccdc.ca for the most current immunization guidelines and eligibility for publicly funded vaccines.

1. Td-Tetanus & Diphtheria

Primary Tetanus/Diphtheria-containing vaccine Series (3 or 4 doses) in early childhood: Yes [checked] No

If no, completion of 3 dose series:

Tdap (Adacel) Dose #1: (Date) Td Dose #2: (Date) Td Dose #3: (Date)

Td Booster (must be within the last 10 years) 2019-01-02 (Date)

2. Polio

Primary Polio Series (3 doses) in early childhood: Yes [checked] No

3. Measles, Mumps, Rubella (MMR)

The need for MMR vaccine is dependent on birth year, previous illness and previous immunization for each of the antigens. Previous vaccines may have been given as Measles, Mumps and Rubella (MMR), or singly, or in various combinations.

Measles, Mumps and Rubella (MMR) Vaccine #1: 2019-01-02 (Date)

Measles, Mumps and Rubella (MMR) Vaccine #2: 2019-02-06 (Date)

Other Measles, Mumps or Rubella containing vaccine. Specify: (Date)

Measles, Mumps or Rubella lab test for immunity if needed:

Specify Test Result Date
Specify Test Result Date
Specify Test Result Date

4. Chicken Pox (Varicella)

If Varicella disease history or date of vaccines cannot be confirmed, then a Varicella IgG titre must be determined.

History of Disease: Yes [checked] No Date (if known) 1978

OR Varicella immunity Result (IgG antibody) Date

If susceptible: Varicella Vaccine Dose #1 (Date) Dose #2 (Date)



**5. Hepatitis B vaccine Series**

For students eligible for Hepatitis B vaccine based on publicly funded criteria.

Hepatitis B Dose #1 2019-01-02 Dose #2 2019-02-06 Dose #3 2019-07-10  
(Date) (Date) (Date)


**6. Influenza Vaccine (October to April) – Yearly**

For students based on publicly funded criteria.

Date: \_\_\_\_\_

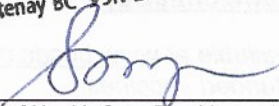
**Students are responsible for submitting this record to the college or student health services as directed by their program registration.**

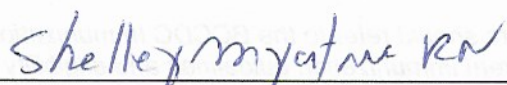
I certify that the above information is accurate and up-to-date.

  
\_\_\_\_\_  
(Signature of student)

July 10th 2019  
\_\_\_\_\_  
(Date)

**PUBLIC HEALTH NURSING  
V.I. HEALTH AUTHORITY - NORTH  
961 England Avenue  
Courtenay BC V9N 2N7**

  
\_\_\_\_\_  
(Name/Stamp of Health Care Provider reviewing this document)

  
\_\_\_\_\_  
(Signature of Health Care Provider)

July 10, 2019  
\_\_\_\_\_  
(Date)

**For Educational Institution Use Only:**

Form received: Date \_\_\_\_\_ In person  mail  fax  drop off  email

Data entered in computer (if applicable) by: \_\_\_\_\_ Form complete

The above is a generic form created by Island Health for College/University Students based on the recommendations of BC Centre for Disease Control (BCCDC).



## IMMUNIZATION RECORD

<b>Name:</b> PHILLIPS-BELL, Juanita	<b>DOB:</b> 1973 Jun 01	<b>Client ID:</b> 833039
<b>Address:</b> BOX 141 6594 HODGINS Road, Merville, British Columbia, Canada V0R 2M0	<b>Age:</b> 45y	<b>PHN/YHCIP:</b> 9871496867/
	<b>Gender:</b> Female	<b>Phone:</b> (250) 337-1973(Primary home)

Based on our records, **Juanita Phillips-Bell** has received the following immunizations:

### Immunization History

Immunization	Description (Dose)	Date	Note	Dosage	Trade Name	Lot #
HB	Hepatitis B(1)	2019 Jan 02		1.0 mL	Engerix-B	AHBVC710AG
HB	Hepatitis B(2)	2019 Feb 06		1.0 mL	Engerix-B	AHBVC710AG
Influenza-Inactivated	Influenza-Inactivated(1)	2019 Jan 02		0.5 mL	FluZone	UJ005AA
MMR	Measles(1), Mumps(1), Rubella(1)	2019 Jan 02		0.5 mL	Priorix	AMJRD480AC
MMR	Measles(2), Mumps(2), Rubella(2)	2019 Feb 06		0.5 mL	Priorix	AMJRD647AA
Td	Diphtheria(7), Tetanus(7)	2019 Jan 02	RO	0.5 mL	Td Adsorbed	C5411AA

Some or all of the following immunizations do not meet recommended guidelines. These immunizations may need to be repeated:

Immunization	Description (Dose)	Date	Note	Dosage	Trade Name	Lot #

Notes:

E - The date is estimated for this historical immunization.

O - The status for this immunization has been overridden.

R - The dose number for this immunization has been revised as previous dose information is unknown or not recorded.

X - Invalid dose. Some or all of this immunization is not considered part of the BC or Yukon recommended/routine schedule. Please look at the Reason for Invalidation table below.

### Reason for Invalidation

Invalid Immunization/Antigens	Date of Immunization / Reason for Invalidation

### Special Considerations

Type	Antigen	Special Consideration Reason	Effective From	Effective To
Exemption	Varicella	Immunity - Previous Disease	2008 Mar 27	

**This is an important record. Please keep in a safe place.**

**Please contact your local health unit if you have any concerns or questions.**

PUBLIC HEALTH NURSING  
 V.I. HEALTH AUTHORITY - NORTH  
 961 England Avenue  
 Courtenay BC V9N 2N7  
 250-331-8500

*Eileen Vanderlaan RN*

Feb 6, 2019

Name: PHILLIPS-BELL, Juanita (833039)

Printed on: 2019 Feb 06 13:17:08 by 3941 (Comox Valley)

Confidential: This printed report contains confidential personal information and is for direct care purposes only.





IMMUNIZATIONS FOR CHILD CARE PROGRAM STUDENTS

Name: PHILLIPS-BELL SUANITA L Maiden Name: (Last) (First) (Initial) (If applicable)

Address: P.O. Box 141 HODGINS ROAD MERVILLE BC V0R2M0 (Street) (City) (Prov) (Postal Code)

Phone (Include area code): 250 702 7081 E-mail: kiwivan@telus.net

Date of Birth 1973/06/01 Student ID#: 0091743 Student Health Chart #: (yr mo day) (if known)

Personal Health Number 100091743

Program: ECCE 2-YEAR PART-TIME CERTIFICATE

Date of entry to program: APRIL 24th 2019 ECC-104 (Month) (Year)

\*\*\*\*\*Please list all dates for immunizations in the following order: Year/Month/Day\*\*\*\*\*

NOTE: Vaccine providers should refer to the BCCDC Immunization Manual available at www.bccdc.ca for the most current immunization guidelines and eligibility for publicly funded vaccines.

1. Td-Tetanus & Diphtheria

Primary Tetanus/Diphtheria-containing vaccine Series (3 or 4 doses) in early childhood: Yes X No

If no, completion of 3 dose series: Tdap (Adacel) Dose #1: (Date) Td Dose #2: (Date) Td Dose #3: (Date)

Td Booster (must be within the last 10 years) Jan 2, 2019 (Date)

2. Polio

Primary Polio Series (3 doses) in early childhood: Yes X No

3. Measles, Mumps, Rubella (MMR)

The need for MMR vaccine is dependent on birth year, previous illness and previous immunization for each of the antigens. Previous vaccines may have been given as Measles, Mumps and Rubella (MMR), or singly, or in various combinations.

Measles, Mumps and Rubella (MMR) Vaccine #1: Jan 2, 2019 (Date)

Measles, Mumps and Rubella (MMR) Vaccine #2: (Date)

Other Measles, Mumps or Rubella containing vaccine. Specify: (Date)

Measles, Mumps or Rubella lab test for immunity if needed:

Specify Test Result Date Specify Test Result Date Specify Test Result Date

4. Chicken Pox (Varicella)

If Varicella disease history or date of vaccines cannot be confirmed, then a Varicella IgG titre must be determined.

History of Disease: Yes X No Date (if known) Before 2007

OR Varicella immunity Result (IgG antibody) Date

If susceptible: Varicella Vaccine Dose #1 Dose #2

**5. Hepatitis B vaccine Series**

For students eligible for Hepatitis B vaccine based on publicly funded criteria.

Hepatitis B Dose #1 Jan 2, 2019 (Date) Dose #2 \_\_\_\_\_ (Date) Dose #3 \_\_\_\_\_ (Date)

**6. Influenza Vaccine (October to April) – Yearly**

For students based on publicly funded criteria.

Date: Jan 2, 2019

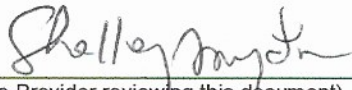
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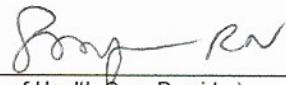
I certify that the above information is accurate and up-to-date.

  
\_\_\_\_\_  
(Signature of student)

Jan 20, 2019  
\_\_\_\_\_  
(Date)

PUBLIC HEALTH NURSING  
V.I. HEALTH AUTHORITY - NORTH  
961 England Avenue  
Courtenay BC V9N 2N7

  
\_\_\_\_\_  
(Name/Stamp of Health Care Provider reviewing this document)

  
\_\_\_\_\_  
(Signature of Health Care Provider)

Jan 2, 2019  
\_\_\_\_\_  
(Date)

**For Educational Institution Use Only:**

Form received: Date \_\_\_\_\_ In person  mail  fax  drop off  email

Data entered in computer (if applicable) by: \_\_\_\_\_ Form complete

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## Immunization for Students of Health Care Professions and Students of Child Care Programs

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### Overview:

**Health Care students** are at risk of exposure to communicable diseases because of their contact with patients or material from patients with infections, both diagnosed and undiagnosed.

Maintenance of immunity against vaccine-preventable diseases is an integral part of a health care facility's occupational health program. Optimal immunization for health care students will not only safeguard their own health but may also protect patients from becoming infected by a health care student.

**Childcare students** have unique and intense exposure to young children on a daily basis. Persons in the childcare field who will be providing direct childcare should have written proof of vaccinations previously received. Maintenance of up-to-date immunization status is vital to protect the health of both childcare students and the children in their care.

**Students** should be aware that lack of immunization might affect their ability to work in some facilities.

The priority for all students of health care professions and students of child care programs should be to ensure that all routine immunizations, including booster doses, are completed and booster doses are provided as needed on an ongoing basis.

(Reference: BC Centre for Disease Control Immunization Program, Section III).

### Health and Childcare Student Immunization Process:

1. Students newly admitted to Health Care or Child Care Programs will submit proof of immunization upon registration for their first year admission. Records should be signed by a doctor, nurse, pharmacist, or stamped by a health department.
2. Immunizations and TB testing **may** be arranged by appointment at:
  - University/college health services
  - Local Health Units
  - Travel Clinics
  - Family Physician
  - Pharmacists
3. **The student should bring all childhood or previous immunization records to the appointment for review.**
4. Immunizations will be provided to the student for the specific program they are entering, based on previous immunizations, birth year and previous vaccine preventable illness.
5. All students are responsible for keeping their own records of immunization and/or laboratory testing and updating their immunizations as needed.
6. Students who cannot be immunized because of allergies, pregnancy or for other reasons should provide a letter from a health care provider to that effect.

**Please note: There may be a fee for vaccination services.**