

IMMUNIZE ON TIME REPORT EVERY TIME

Did you know...it's up to parents and guardians to provide vaccine records to their local public health unit? Health care providers aren't required to do this.

Secure Online Reporting (ICON) .. immune.wechu.org
 Phone 519-258-2146 ext. 1222
 1-800-265-5822 ext. 1222
 Fax 519-258-7288
 In Person WINDSOR: 1005 Ouellette Avenue
 LEAMINGTON: 33 Princess Street

Thank you for doing your part to keep our children healthy!

Name of child: _____

D.O.B. _____ Date vaccine given _____
 YY/MM/DD YY/MM/DD

Vaccine given (please check all that apply)

- | | | | |
|---------------------------------------|----------------------------------|---|--------------------------------------|
| <input type="checkbox"/> DTaP-IPV-Hib | <input type="checkbox"/> Men-C-C | <input type="checkbox"/> Hep B Ped. | <input type="checkbox"/> Twinrix Jr. |
| <input type="checkbox"/> Tdap-IPV | <input type="checkbox"/> MMR | <input type="checkbox"/> HPV 9 | <input type="checkbox"/> Twinrix |
| <input type="checkbox"/> Tdap | <input type="checkbox"/> Var | <input type="checkbox"/> Men-C-ACYW-135 | <input type="checkbox"/> Hep A |
| <input type="checkbox"/> Td | <input type="checkbox"/> Pneu-C | <input type="checkbox"/> MMRV | <input type="checkbox"/> Flu |
| <input type="checkbox"/> Rotavirus | <input type="checkbox"/> Hep B | <input type="checkbox"/> Pneu-23 | <input type="checkbox"/> Other |

Health Care Provider
(Print or Stamp)



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