

Healthy Schools Program Administration Record
FAX: (519) 977-1711 Email: vaccine@wechu.org

Student Name:			
Date of Birth:			
Physician/Health Care Provider			
Contact Person			
Phone #:		Fax #:	
Vaccine Administered	Date	Lot #	Expiry Date
<input type="checkbox"/> Nimenrix			
<input type="checkbox"/> Hepatitis B			
<input type="checkbox"/> Gardasil 9			