

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
ESSEX: 360 Fairview Ave. West, Suite 215
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"/> HPV 4 | <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"/> HB | <input type="checkbox"/> Pneu-23 | <input type="checkbox"/> Other |

Health Care Provider
(Print or Stamp)



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