SCHOOL IMMUNIZATION REPORTING FORM

Grey Bruce Public Health

Information **must be faxed back** to Grey Bruce Public Health at **(519) 376-7782** once immunization is administered and before further doses can be issued.

Student Name: _____

Date of Birth: _____ **(YYYY/MM/DD)**

School: _____

Health Care Provider (Please Print) _____

School Program Immunization Administered:

☐ **Hepatitis B** (Recombivax or Engerix) Dose # 1 ☐ 2 ☐ 3 ☐ Lot #: _____

Date Administered: _____ (YYYY/MM/DD)

☐ **HPV** (Gardasil) Dose # 1 ☐ 2 ☐ 3 ☐ Lot # _____

Date Administered: _____ (YYYY/MM/DD)

☐ **Meningococcal C ACYW** (Nimenrix, Menveo or MenQuadfi) Lot #: _____

Date Administered: _____ (YYYY/MM/DD)

If you have any questions, please call the Grey Bruce Public Health 519-376-9420 or 1-800-263-3456.