

# Immunization Summary Sheet

## Immunizations Administered to Infants and Children in Grey & Bruce Counties

Revised Nov 2017



Physician's Office: \_\_\_\_\_

(please print)

Please fax form to Public Health after immunization administered - 519-376-7782

Patient Label	Date Vaccine Administered yy/mm/dd	Rotavirus (ROT)	DTap-IPV-Hib	Tdap-IPV-Adacel/Boostrix-IPV	IPV	MMR	MMR-Var	Meningococcal C-conjugate	Pevnar -13	Varicella	HPV	Menactra ACYW-135	Hepatitis B	Other	Lot #/ Other Details

This information is being collected pursuant to the *Health Protection and Promotion Act*, R.S.O.1990, c.H.7 and will be retained, used, disclosed and disposed of in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c.M.56, the *Personal Health Information Protection Act*, 2004, S.O.c.3 and all applicable federal and provincial legislation and regulations governing the collection, retention, use, disclosure and disposal of information. Any questions regarding this collection may be directed to the Director of Finance and Administration at 101 17<sup>th</sup> Avenue East, Owen Sound, Ontario, N4K 0A5, (519)376-9420.