



Vaccinate... Then Update!

Report immunizations online
at durham.ca/immunize

Phone: 905-666-6242

Fax: 905-666-6216

Patient Name: _____ Date of Birth: _____

YYYY-MM-DD

Date vaccine(s) given: _____

YYYY-MM-DD

Check all vaccines given below:

Check	Vaccine	Trade Name	Lot Number
	DTaP-IPV-Hib		
	HAHB	TWINRIX® (adult formulation)	
	HAHB	TWINRIX® Junior	
	Hep B		
	HPV9		
	IPV		
	Men-B (4CMenB)		
	Men-C-ACYW135		
	Men-C-C		
	MMR		
	MMRV		
	Pneu-C-15		
	Rot-1/Rota-5		
	Tdap		
	Tdap-IPV		
	Varicella		
	Other:		
	Other:		

Healthcare Provider: _____

Telephone: _____