

Student/Health Care Worker Immunization Referral

Send to:

Calgary Area

ATT: HCS/W Immunization

Fax number - 403.955.6372

E-mail Address - SpecialtyVaccineClinic@ahs.ca

Edmonton Area

ATT: HCS Immunization

Fax number - 780.735.0101

E-mail Address - ibuschoolprogram@ahs.ca

Date (yyyy-Mon-dd)		Last Name		First Name	
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Date of Birth (yyyy-Mon-dd)		Personal Health Number	
Address					
City		Province		Postal Code	
Home Phone Number _____			Cell Phone Number _____		
Voice Mail? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(having voicemail ensures easier contact)</i>			Voice Mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email Address					
Family Physician Name (first, last)			Physician Address		
Name of School/Employer					
Program/Occupation				Start Date (yyyy-Mon-dd)	
Country of Birth		Vaccination Records attached? <input type="checkbox"/> Yes <input type="checkbox"/> No			
History of Chickenpox (varicella) Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Office Use Only			
Date Referral Received (yyyy-Mon-dd)		Records <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sero Email Sent	Endemic	Non-Endemic	Note
Sero Received Ref in Que		Email Sent	