

**Student Immunization Record Information Request**

Student's Legal Last Name		Student's Legal First Name		Other Name's Used	
Gender		Date of Birth (yyyy-Mon-dd)			
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary/Prefer not to disclose (X)					
Personal Health Number (This is the number on your Alberta Health Care Card)					
Mailing Address (House number and Street Address or RR or P.O. Box)					
City		Town		Province	Postal Code
Last Name of Parent/Guardian 1		First Name of Parent/Guardian 1		Contact Number	
Last Name of Parent/Guardian 2		First Name of Parent/Guardian 2		Contact Number	
Name of School					Grade
<b>Immunization Record Information</b>					
My child as had previous immunizations <input type="checkbox"/> No <input type="checkbox"/> Yes					
If yes I've included a photocopy of my child's immunization records <input type="checkbox"/> Yes <input type="checkbox"/> No					
Public Health or Doctor's Office(s) where previous immunizations were given					
City _____			City _____		
Country _____			Country _____		
Phone _____			Phone _____		
Fax _____			Fax _____		
<b>Other Children in Grades 1 - 9</b>					
Name (Last, First)	Date of Birth (yyyy-Mon-dd)	Personal Health Number	Name of School	Grade	

Alberta Health Services collects information in accordance with Section 20 of the Health Information Act (HIA) for the purpose of providing health services, determining eligibility for health services, or to carry out any other purpose authorized by the HIA. If you have any questions about this collection, phone the public health nurse whose information is included in the accompanying letter.