



# Manitoba Public Health Information Management System

## Report User Guide

### MB6028 Customized Consent for School Immunizations Report

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2023-12-22	A. Goldman Smith	0.05	Added note about Event Consent Refused and updated Manitoba Health logo.

## Definitions for Report User Guides:

- a. "Authorized Organization" means an organization (an RHA, a First Nation, or other organization) with whom Manitoba has entered into an agreement in order to facilitate access to PHIMS;
- b. "Authorized User" means an employee, agent or contractor of an Authorized Organization (the employer) permitted to access to PHIMS.
- c. "Service Delivery Location" (SDL) means a public health office or a Community Health Centre
- d. "User Role" means the specific role or roles to which an Authorized User is assigned and which prescribes what Information the Authorized User is permitted to access, use and disclose.

Data Type		Explanation
<b>Aggregate</b> , no identifiable data	=	Summary data with no client identifiers
<b>Aggregate</b> , no identifiable data, but possible small population sensitivity or Provider / Org Sensitivity	=	Summary data with no client identifiers However there are sensitivities in the data where small numbers could identify clients, communities or providers
<b>Line Level</b> , <u>Single client</u> identifiable data	=	Includes client identifiers of an individual client
<b>Line level</b> , <u>Multi client</u> identifiable data	=	Includes client identifiers of a list of multiple clients

## Table of Contents

1. Background .....	1
1.1. Data Access Scope for this report.....	1
1.2. Privacy/Data Sensitivity .....	1
1.3. Permitted Disclosures.....	1
1.4. Data Stewardship .....	1
2. Purpose.....	2
3. Selecting the Report Parameters.....	2
4. User Roles .....	3
5. Report Description .....	3
6. Sample Report .....	5
6.1. Page 1 – English.....	5
6.2. Page 2 - English .....	6
6.3. Page 1 – French .....	7
6.4. Page 2 – French .....	8

# 1. Background

## 1.1. Data Access Scope for this report

This report is set at the Manitoba level. This means that Authorized Users (“users”) who have access to this report can view client data from all regions in Manitoba.

## 1.2. Privacy/Data Sensitivity

This report includes data at the level of the individual and contains the following personal health information:

- Client Name (First, Last, Middle)
- Preferred Name\*
- Date of Birth
- Age
- Address
- Personal Health Information Number
- Immunization History
- School, Grade, Class\*

\*Note:

Preferred Name will display on the report if an Alternate Name is added to the Client Profile and is set to Preferred. A blank line will display when a preferred name is not set as Preferred on the Client Profile.

School, Grade and Class will display if set on the client record. If not, sections will be blank.

## 1.3. Permitted Disclosures

- No disclosure permitted

**Note re Permitted Disclosures** - In general, Standard Reports in PHIMS have been designed for internal use for day-to-day Public Health and health service delivery, limited to Authorized Users of Authorized Organizations. Authorized Users may only disclose information from the report that relates to their Designated Health Region. For First Nation Authorized Organizations - sites that have entered into a Bridging Service ISA, an Authorized User (of the Bridging Organization) generating the reports may provide Standard Reports to a FN Authorized User.

## 1.4. Data Stewardship

Users who have access to this report should have background in report generation and are responsible for the following:

- Users may only run this report for their designated Health Region.
- The data produced are to be validated prior to disseminating any information produced from the consent report. The output requires contextual interpretation based on the filters used and timing of when the consent report was generated.
- The data are intended to be used by public health practitioners for program planning and monitoring. Data are not to be used to communicate immunization “coverage”, nor are the data to be made available to the public without prior consultation with the Health Region and Manitoba Health.
- Users ensure data is managed securely and appropriately according to organizational guidelines, especially when the report(s) identifies client, small populations or providers.

***Users who have access to this report will be subject to PHIMS audits documenting which user generated the report and on what date.***

## 2. Purpose

The purpose of the Customized Consent for School Immunizations Report is to retrieve student immunization history and generate an immunization consent form that is customized for each recipient based on their history and next immunizations due. This will be generated only after a school mass immunization event is created and a student class list is attached. The goal is to allow for students to not only be immunized as part of the school immunization program but also to provide catch-up immunizations they may be missing, as identified by the student's immunization history.

### 2.1. Populations Included in the Report

Students attached to the selected school mass immunization event who have an active PHIMS record.

**Note:** Clients with a disclosure directive will need to give temporary consent to override the disclosure directive in order to access the client ID that is required to generate this report.

### 2.2. Recommended Uses for this Report

This report is to be used to generate customized consents for immunization for a selected class of students who are associated to a school mass immunization event. The recommended use of the consent report is to distribute to parent/guardians for review and completion prior to school immunization clinics.

## 3. Selecting the Report Parameters

When running a report, you must select specific parameters to get the needed output. You can generate this report from the "Standard Reports" section in PHIMS.

This is an operational report under Immunization: Operational Reports

- Click on **Reports** (left navigation bar – located under Reporting & Analysis) or the **Reporting** tile on the Dashboard.
- Open the Immunization Report Folder by expanding the collapsible panel.
- Scroll down to Operational Reports and select **MB6028-Customized Consent for School Immunizations** Report *hyperlink*
- Enter the **Mass Imms Event Id #**
- Enter **Event Consent** (defaults to ALL; select MISSING to generate/print consent(s) that is still missing after the initial consent distribution has occurred. This option avoids printing consents for the entire mass imms event list).
- Enter **Consent Vaccine List** (defaults to EVENT ONLY for vaccine(s) offered at the selected grade; select ALL for all forecasted vaccines)
- Enter Client ID only if generating a consent form for a single student
- Click **Generate Report Now**

## Parameter Definitions:

Parameter Name	Data Type	Description	Validation
Mass Imms Event ID	Type in	The mass immunization event ID number.	Required
Event Consent	Drop list	<b>All/Missing;</b> Defaults to 'All'. If 'All' is selected, all consents for clients on the Mass Immunization Event worksheet will be generated. If 'Missing' selected, only the clients with missing consent status will be generated.	Required
Consent Vaccine List	Drop list	<b>Event Only/All;</b> Defaults to 'Event Only'. For 'Event Only', only the mass immunization event vaccine agent(s) will be listed in the consent section. If 'All' is selected, all vaccines listed in the client's complete forecast will be displayed in the consent section, for all clients associated with the selected Mass Imms event.	Required
Client ID	Type in	<b>Client PHIMS ID</b> – enter client ID to generate a single consent form for client on a Mass Imms Event worksheet.	Optional

### Note about Event Consent

Client consent status can be Received (either Granted or Refused) or Missing. Clients who have Event Consent = Refused are not "missing" their consent, rather, consent has been received to note that the client declined the vaccine(s).

If you select Event Consent parameter of Missing *and* specify a client ID who actually has refused consent for the vaccine(s), the report will generate with a skewed output. To resolve, change the Event Consent parameter to "All" and rerun the report.

## 4. User Roles

Report is assigned to the following User Roles:

- MB PUBLIC HEALTH NURSE
- MB PUBLIC HEALTH CLERK

## 5. Report Description

Report output: The report will be generated as a PDF

Data Source: Operational database

Report output is 2 pages per client, which can be printed double-sided (to create 1 page per client).

Additional space was added at the bottom of the second page to account for most client record combinations, but it is possible for the report to "spill" onto a third page if the

client information takes additional space. This could occur if a) user selects Consent Vaccine List = ALL *and* the client is eligible for many vaccines and b) the client has many doses recorded in the Immunization History section. These two parameters add lines in the Immunization Consent, Immunization History and Next Immunizations Due sections. As well, French language text typically takes more space on the page than English text.

The Next Immunizations Due section displays the forecasted vaccine list as of the last date the forecaster was run. Generating the MB6028 Customized Consent report does not trigger the Forecaster. Use the Reforecast function in the Mass Immunization Event to ensure the forecast is current for all clients.

# 6. Sample Report

## 6.1. Page 1 – English

### Consent for School Immunizations

**IMPORTANT: COMPLETE AND RETURN THIS FORM TO THE SCHOOL**



School: Balmoral School	City/Town: Balmoral	Grade: Kindergarten	Class:
Name on File: JUSTINA ROGERS	Personal Health Information Number (PHIN): 302151569		
Preferred Name: _____	Date of Birth: 2017-May-31		
413 Scurfield Blvd, Winnipeg Manitoba R3Y 1L3	Age: 6 yrs 2 mos at date of printing		

Parents/guardian/legal or appointed decision makers should discuss the information provided for the vaccines listed below with the child, and involve the child in the decision to provide consent to the immunization(s). Although a child may be immunized with the consent of a parent/guardian/legal or appointed decision maker, a child is entitled to be informed about immunization(s). A child may provide consent to immunization(s) if the person administering the vaccine determines that the child understands the consequences of making a decision with respect to the immunization(s), including risks and benefits of the vaccine(s), possible reactions to the vaccine, and the risks associated with not being immunized. Please refer to the *Informed Consent Guidelines* located at: [www.manitoba.ca/health/publichealth/cdc/protocol/consentguidelines.pdf](http://www.manitoba.ca/health/publichealth/cdc/protocol/consentguidelines.pdf)

#### COMPLETE THIS SECTION

The immunization record we have on file for your child is printed on the back. If it is incomplete or incorrect, attach a copy of your child's immunization history. If you have attached more information, we will review your record and only give the immunizations that are still needed.

For each immunization check **Yes** or **No**, and then sign and date below.

Based on Manitoba's routine immunization schedule and our records, we recommend that your child be immunized with the following vaccines:

Immunization	I want my child immunized/ I want to be immunized	PUBLIC HEALTH USE ONLY			
		Yes	No	Verbal Consent From:	Nurse Signature:
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	Relationship to Child:	Date/Time:
				Interpreter Name or ID:	
				Date:	
				Interpreter Phone:	

#### Health History of Client

- |  |                          |   |
|--|--------------------------|---|
|  | Yes                      | No  |
| 1. Does your child have any allergies?   | <input type="checkbox"/> | <input type="checkbox"/> If yes, please describe: _____ |
| 2. Has your child ever had a serious reaction or condition following any vaccine?  | <input type="checkbox"/> | <input type="checkbox"/> If yes, please describe: _____ |
| 3. Does your child have any health conditions that require regular visits to a doctor?   | <input type="checkbox"/> | <input type="checkbox"/> If yes, please describe: _____ |
| 4. Does your child have any health conditions that can suppress their immune system (i.e., HIV infection, problems with spleen, organ transplant, etc.)?                               | <input type="checkbox"/> | <input type="checkbox"/> If yes, please describe: _____ |
| 5. Is your child taking any medications and/or has recently received or is receiving any medical treatment (i.e., steroids, chemotherapy, radiotherapy, immune globulin therapy etc.)? | <input type="checkbox"/> | <input type="checkbox"/> If yes, please describe: _____ |
| 6. Is your child pregnant, planning to become pregnant and/or breastfeeding?   | <input type="checkbox"/> | <input type="checkbox"/> If yes, please describe: _____ |

#### Racial, Ethnic or Indigenous Identity

Since May 2020, public health has been collecting information about the racial, ethnic, and Indigenous identity of individuals. The following questions will help assess vaccine coverage and determine the need for increased vaccine accessibility in different communities. We recognize that this list of racial or ethnic identifiers may not exactly match how you would describe your child. Please, check the racial or ethnic community that best describes your child.

- African  Black  Chinese  Filipino  Latin American  South Asian  Southeast Asian  White  North American Indigenous (First Nation, Métis, Inuit)
- Other  Prefer not to answer

If you identified as North American Indigenous, please check the group you identify your child to:

- First Nations  Métis  Inuit

I have read and understood the factsheet(s) regarding the risks and benefits of the vaccine(s) that I am consenting to, including potential common side effects of this vaccine. Some vaccines require more than one dose within the year, my consent applies to all doses of the vaccine(s) necessary to complete the series up to one year unless I withdraw my consent by contacting my local public health office at: <https://www.gov.mb.ca/health/publichealth/offices.html>. I have had the opportunity to ask questions about the vaccine(s) which were answered to my satisfaction. Fact sheets regarding the benefits and risks of the vaccine(s) are available at: [www.manitoba.ca/health/publichealth/cdc/div/vaccines.html](http://www.manitoba.ca/health/publichealth/cdc/div/vaccines.html).

Signature: \_\_\_\_\_ Date (YYYY-MM-DD): \_\_\_\_\_ Print Name: \_\_\_\_\_

Indicate if you are the:  Parent or Legal Guardian  Legal or appointed decision maker  Above Named Student (mature minor)

Phone:  Home \_\_\_\_\_  Cell \_\_\_\_\_  Alternate \_\_\_\_\_

Notice: The Department of Health is authorized to collect the personal information and personal health information on this form by s. 13(1) of *The Personal Health Information Act* and s. 36(1)(b) of *The Freedom of Information and Protection of Privacy Act* because it is collected for the purpose of administering immunizations. Information about the immunizations you or your child(ren) receive will be recorded in the provincial immunization registry. Information collected in the provincial immunization registry can be used to produce immunization records, or notify you or your doctor if a particular immunization has been missed. *The Personal Health Information Act* protects your information. You can have your personal health information hidden from view from health care providers. For more information, please contact your local public health office to speak with a public health nurse [www.manitoba.ca/health/publichealth/offices.html](http://www.manitoba.ca/health/publichealth/offices.html)



## 6.2. Page 2 - English

### Consent for School Immunizations

**IMPORTANT: COMPLETE AND RETURN THIS FORM TO THE SCHOOL**



School: Balmoral School City/Town: Balmoral Grade: Kindergarten Class:

Name on File: JUSTINA ROGERS Personal Health Information Number (PHIN): 302151569  
 Preferred Name: \_\_\_\_\_ Date of Birth: 2017-May-31  
 413 Scurfield Blvd, Winnipeg Manitoba R3Y 1L3 Age: 6 yrs 2 mos at date of printing

Immunization History		
Vaccine	MB Code	Date of Immunization(s)
Pfizer-BioNTech COVID-19 mRNA Vaccine Pediatric	COVID-19 - mRNA Pediatric	X 2021 Dec 07
COVID19-Covaxin	COVID19-Covaxin	2021 Oct 08 2021 Dec 06
Diphtheria, Tetanus, Acellular Pertussis, Inactivated Polio	DTaP-IPV	X 2011 Apr 12
Diphtheria, Tetanus, Acellular Pertussis, Inactivated Polio, Haemophilus influenzae type b	DTaP-IPV-Hib	X 2007 Jun 12 X 2007 Aug 12 X 2007 Oct 11 X 2008 Oct 10 2017 Aug 04 X 2017 Oct 02 2017 Dec 02
Hepatitis A, Hepatitis B	HAHB	2021 Jun 03 2021 Jul 03 2021 Dec 08
Meningococcal B	Men-B (4CMenB)	2021 Oct 04
Meningococcal Conjugate C	Men-C-C	2018 May 25
Measles, Mumps, Rubella	MMR	X 2008 Apr 12 X 2011 Apr 12
Measles, Mumps, Rubella, Varicella	MMRV	2018 May 25 2019 Jan 23
Pneumococcal Conjugate 13-valent	Pneu-C-13	2017 Aug 04 2017 Oct 02 2017 Dec 02
Pneumococcal Conjugate 7-valent	Pneu-C-7	X 2007 Jun 12 X 2007 Aug 12 X 2007 Oct 11 X 2008 Oct 10
Rotavirus monovalent	Rota	2017 Aug 04 2017 Oct 02
Tick-Borne Encephalitis	TBE	2021 Feb 08

Note: Rubella = German Measles Varicella = Chicken Pox Zoster = Shingles Pertussis = Whooping Cough

Influenza only shows the 5 most recent immunizations.

X = All or part of this vaccine is invalid according to Manitoba's Immunization schedule. If you still require the immunization or part of the immunization, it will be listed below.

Next Immunizations Due (forecast as of 16-Mar-2023)				
Vaccine	MB Code	Dose Number	Due Date	Status
Diphtheria, Tetanus, Acellular Pertussis, Inactivated Polio, Haemophilus influenzae type b	DTaP-IPV-Hib	4	2018 Nov 30	Overdue
Meningococcal B	Men-B (4CMenB)	2	2021 Nov 01	Overdue
Pfizer-BioNTech COVID-19 mRNA Vaccine Pediatric	COVID-19 - mRNA Pediatric	3	2022 May 31	Overdue
Meningococcal Conjugate ACYW-135	Men-C-ACYW-135	1	2028 Jan 31	
Influenza	Inf	Annual	Fall	

Note: The immunizations listed in the "Next Immunizations Due" table are based on Manitoba's Routine Immunization Schedule. Influenza immunization is recommended every year for most Manitobans. Additional vaccine(s) may be recommended for you by your health care provider based on your personal health needs.

PUBLIC HEALTH USE ONLY: Immunizations Administered								
Vaccine	Date (YYYY/MM/DD)	Lot Number	Manufacturer	Route	Site	Dose	Immunizer's Signature	Document in PHIMS
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>

**PUBLIC HEALTH USE ONLY: Nurse's Notes**

## 6.3. Page 1 – French

### Consentement aux immunisations en milieu scolaire

**IMPORTANT : VEUILLEZ REMPLIR CE FORMULAIRE ET LE RETOURNER À L'ÉCOLE**



École : \_\_\_\_\_ Ville/Village : \_\_\_\_\_ Année d'études : Niveau 6 Classe : \_\_\_\_\_

Nom au dossier : **LINUX CASSONOVACTIUS** No d'identification personnelle (NIP) : 302151601  
 Nom préféré : **LEO** Date de naissance : le 28 nov 2011  
 432 Kingsford Avenue, Winnipeg Manitoba R2G 0B4 Âge : 11 ans 9 mois à la date d'impression

Les parents, les tuteurs ou les subrogés légaux ou désignés devraient discuter de l'information fournie concernant les vaccins susmentionnés avec l'enfant, et le faire participer à la prise de la décision concernant le consentement à la vaccination. Même si un enfant peut être vacciné avec le consentement d'un parent, d'un tuteur ou d'un subrogé légal ou désigné, l'enfant a le droit d'être informé à propos de la vaccination. Un enfant peut donner son consentement à la vaccination si la personne qui administre le vaccin détermine que l'enfant comprend les conséquences de sa décision concernant la vaccination, y compris les bienfaits et les risques des vaccins, les réactions possibles aux vaccins et les risques associés au fait de ne pas être vacciné. Veuillez consulter les lignes directrices sur le consentement éclairé au : [www.manitoba.ca/health/publichealth/cdc/protocol/consentguidelines.pdf](http://www.manitoba.ca/health/publichealth/cdc/protocol/consentguidelines.pdf) (en anglais seulement).

#### VEUILLEZ REMPLIR CETTE SECTION

Les données sur l'immunisation de votre enfant que nous avons en dossier sont imprimées au verso. Si ces données sont incomplètes ou incorrectes, veuillez joindre une copie des antécédents d'immunisation de votre enfant. Si vous avez joint des renseignements supplémentaires, nous examinerons le dossier et n'administrerons que les vaccins qui demeurent nécessaires.

Pour chaque immunisation, veuillez cocher Oui ou Non, puis signer et dater ci-dessous.

Selon nos dossiers et le calendrier des vaccinations recommandées du Manitoba, nous recommandons que votre enfant reçoive les vaccins suivants :

Immunisation	Je souhaite que mon enfant reçoive le vaccin / Je souhaite recevoir le vaccin	RÉSERVE AU PERSONNEL DE LA SANTÉ PUBLIQUE	
		Oui	Non
Rougeole, oreillons, rubéole, varicelle	<input type="checkbox"/> Oui <input type="checkbox"/> Non	<input type="checkbox"/>	<input type="checkbox"/>
Tétanos, diphtérie, coqueluche acellulaire, virus de la polio inactivé	<input type="checkbox"/> Oui <input type="checkbox"/> Non	<input type="checkbox"/>	<input type="checkbox"/>
		Consentement verbal de : _____ Signature de l'infirmier ou l'infirmière : _____	
		Lien avec l'enfant : _____ Date/heure : _____	
		Nom ou n° d'identification de l'interprète : _____ Date : _____ Téléphone de l'interprète : _____	

Antécédents médicaux du client	Oui	Non
1. Votre enfant a-t-il des allergies?	<input type="checkbox"/>	<input type="checkbox"/> Si oui, veuillez préciser. _____
2. Votre enfant a-t-il déjà eu une réaction ou un trouble médical grave après avoir reçu un vaccin?	<input type="checkbox"/>	<input type="checkbox"/> Si oui, veuillez préciser. _____
3. Votre enfant a-t-il des problèmes de santé nécessitant des visites régulières chez le médecin?	<input type="checkbox"/>	<input type="checkbox"/> Si oui, veuillez préciser. _____
4. Votre enfant est-il atteint d'une condition pouvant affaiblir son système immunitaire (infection par le VIH, troubles de la rate, greffe d'organe, etc.)?	<input type="checkbox"/>	<input type="checkbox"/> Si oui, veuillez préciser. _____
5. Votre enfant prend-il des médicaments, suit-il un traitement médical ou en a-t-il suivi un récemment (stéroïdes, chimiothérapie, radiothérapie, thérapie par immunoglobuline, etc.)?	<input type="checkbox"/>	<input type="checkbox"/> Si oui, veuillez préciser. _____
6. Votre enfant est-elle enceinte, prévoit-elle le devenir, ou allaite-t-elle?	<input type="checkbox"/>	<input type="checkbox"/> Si oui, veuillez préciser. _____

#### Identité raciale, ethnique ou autochtone

Depuis mai 2020, Santé publique recueille des renseignements sur l'identité raciale, ethnique et autochtone des personnes. Les questions suivantes aideront à évaluer la couverture vaccinale et à déterminer les besoins d'accessibilité accrue aux vaccins dans différentes communautés. Nous sommes conscients du fait que cette liste d'identifiants raciaux ou ethniques peut ne pas correspondre exactement à la façon dont vous décrivez votre enfant. Veuillez cocher la case correspondant à la communauté raciale ou ethnique qui décrit le mieux votre enfant.

Africain  Noir  Chinois  Philippin  Latino-Américain  Sud-asiatique  Sud-est asiatique  Blanche  
 Autochtone d'Amérique du Nord (Première Nation, Métis, Inuit)  Autre(s)  Préfère ne pas répondre

Si vous avez coché Autochtone d'Amérique du Nord, veuillez cocher le groupe auquel appartient votre enfant:

Première Nations  Métis  Inuit

J'ai lu et compris les fiches d'information concernant les bienfaits et les risques des vaccins et je consens à l'administration de ces vaccins, malgré leurs possibles effets secondaires courants. Comme certains vaccins nécessitent plus d'une dose dans l'année, mon consentement s'applique à toutes les doses du ou des vaccins nécessaires pour compléter la série jusqu'à un an, à moins que je ne retire mon consentement en communiquant avec mon bureau de la santé publique local : [www.gov.mb.ca/health/publichealth/offices.fr.html](http://www.gov.mb.ca/health/publichealth/offices.fr.html).

J'ai pu poser des questions sur la vaccination et recevoir des réponses satisfaisantes. Des fiches d'information sur les bienfaits et les risques des vaccins se trouvent au : [manitoba.ca/health/publichealth/cdc/div/vaccines.fr.html](http://manitoba.ca/health/publichealth/cdc/div/vaccines.fr.html).

Signature : \_\_\_\_\_ Date (AAAA-MM-JJ) : \_\_\_\_\_ Nom (en lettres moulées) : \_\_\_\_\_

Veillez indiquer si vous êtes :  Le parent ou tuteur légal  Subrogé légal ou désigné  L'élève susmentionné (mineur mature)

Téléphone :  Domicile \_\_\_\_\_  Cellulaire \_\_\_\_\_  Autre \_\_\_\_\_

Avis : Le ministère de la Santé est autorisé à recueillir les renseignements personnels et les renseignements personnels médicaux sur le présent formulaire en vertu du paragraphe 13(1) de la Loi sur les renseignements personnels et de l'article 36(3) de la Loi sur l'accès à l'information et la protection de la vie privée, car ils sont recueillis aux fins de l'administration de vaccins. Les données relatives aux vaccins que vos enfants ou vous-même recevez seront conservées dans le registre d'immunisation provincial. Les données recueillies dans le registre d'immunisation provincial peuvent servir à produire des fiches d'immunisation ou à vous avertir, vous ou votre médecin, qu'une vaccination a été manquée. La Loi sur les renseignements personnels protège vos renseignements. Vous pouvez demander à ce que vos renseignements médicaux personnels ne soient pas visibles par les fournisseurs de soins de santé. Pour en savoir plus, veuillez vous adresser à votre bureau de la santé publique local afin de discuter avec un membre du personnel infirmier de la santé publique ([www.manitoba.ca/health/publichealth/offices.fr.html](http://www.manitoba.ca/health/publichealth/offices.fr.html)).

## 6.4. Page 2 – French

### Consentement aux immunisations en milieu scolaire

**IMPORTANT : VEUILLEZ REMPLIR CE FORMULAIRE ET LE RETOURNER À L'ÉCOLE**



École : Ville/Village : Année d'études : Niveau 6 Classe :

Nom au dossier : LINUX CASSONOVACTIUS No d'identification personnelle (NIP) : 302151601  
 Nom préféré : LEO Date de naissance : le 28 nov 2011  
 432 Kingsford Avenue, Winnipeg Manitoba R2G 0B4 Âge : 11 ans 9 mois à la date d'impression

Antécédents d'immunisations		
Vaccin	Code MB	Date des immunisations
Pfizer-BioNTech COVID-19 mRNA Vaccin pédiatrique	COVID-19 - mRNA Pediatric	2021 jun 13 2021 oct 20
Diphtérie, tétanos, coqueluche acellulaire, virus de la polio inactivé, Haemophilus influenzae type b	DTaP-IPV-Hib	2017 jan 28 2017 mar 31 2017 mai 31
Méningocoque conjugué C	Men-C-C	X 2017 nov 28
Rougeole, oreillons, rubéole, varicelle	MMRV	2017 nov 28
Pneumocoque conjugué 13-valent	Pneu-C-13	2017 jan 28 2017 mar 31 2017 nov 28

**Remarque :** Herpès zoster = Zona Coqueluche = Toux coquelucheuse  
 Seules les quatre immunisations les plus récentes sont indiquées pour la grippe.  
 X = La totalité ou une partie de ce vaccin n'est pas valide selon le calendrier de vaccination du Manitoba. Si vous avez encore besoin de l'immunisation ou d'une partie de celle-ci, cela sera indiqué dans le tableau ci-après.

Prochaines immunisations dues				
Vaccin	Code MB	N° de dose	Date d'échéance	Statut
Rougeole, oreillons, rubéole, varicelle	MMRV	2	2018 fév 20	En retard
Tétanos, diphtérie, coqueluche acellulaire, virus de la polio inactivé	Tdap-IPV	4	2018 nov 28	En retard
Hépatite B	HB	1	2022 jul 28	
Virus du papillome humain 9-valent	HPV	1	2022 jul 28	
Méningocoque conjugué ACYW-135	Men-C-ACYW-135	1	2022 jul 28	
Grippe	Inf	Annuel	Automne	

**Remarque :** Les immunisations indiquées dans le tableau « Prochaines immunisations dues » sont basées sur le calendrier de vaccination systématique du Manitoba. La vaccination contre la grippe est recommandée chaque année pour la plupart des Manitobains. Votre fournisseur de soins de santé peut vous recommander des vaccinations additionnelles en fonction de vos besoins personnels en matière de santé.

#### RÉSERVÉ AU PERSONNEL DE LA SANTÉ PUBLIQUE : Vaccins administrés

Vaccin	Date (AAAA/MM/JJ)	N° de lot	Fabricant	Voie d'administration	Lieu d'injection	Dose	Signature du vaccinateur	Inscrit dans le SGISP
MMRV								<input type="checkbox"/>
Tdap-IPV								<input type="checkbox"/>
								<input type="checkbox"/>

#### RÉSERVÉ AU PERSONNEL DE LA SANTÉ PUBLIQUE : Notes du personnel infirmier