Reciprocal Notification Form

Public Health Services
7 Mellor Avenue, Unit 5
Dartmouth, Nova Scotia
B3B 0E8

NOVA SCOTIA

www.gov.ns.ca/dhw

This form is to be completed by the person administering a vaccine.
The blue copy is to be sent to the **local Public Health Office.**
The yellow copy is to be sent to or retained by the health care provider.

Please print firmly with a ball-point pen—you are making 2 copies.

PATIENT INFORMATION

Surname _____ Given Names _____ Phone Number _____

Address _____

Address _____ Postal Code ☐☐☐☐☐☐

If Attending School, Name of School _____

Date of Birth: Y ☐☐☐☐ M ☐☐ D ☐☐ Sex: M ☐ F ☐ Health Card Number ☐☐☐☐☐☐☐☐☐☐

Health Care Provider's Name *(Please Print)* _____ Health Care Provider's Phone Number _____

ANTIGEN ADMINISTERED. CHECK (✓) BOXES WHERE APPROPRIATE

DTaP-IPV-Hib ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ **Meningococcal group C** ☐ **Tdap-IPV**	**Hepatitis B** ☐ 1st ☐ 2nd ☐ 3rd **Hepatitis A** ☐ 1st ☐ 2nd **MMR** ☐ 1st ☐ 2nd	**Varicella** ☐ 1st ☐ 2nd ☐ **Pneumococcal Polysaccharide** ☐ **Td** **MMRV** ☐ 1st ☐ 2nd	**Influenza** ☐ 1st ☐ 2nd ☐ **Hib** ☐ **Tdap** **Other**_____ ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th	**Pneumococcal Conjugate** ☐ 1st ☐ 2nd ☐ 3rd **Hepatitis A & B** ☐ 1st ☐ 2nd ☐ 3rd **Other**_____ ☐ 1st ☐ 2nd ☐ 3rd
Site:	Site:	Site:	Site:	Site:
Dosage:	Dosage:	Dosage:	Dosage:	Dosage:
Route:	Route:	Route:	Route:	Route:
Lot #:	Lot #:	Lot #:	Lot #:	Lot #:

_____ Date Given (YY/MM/DD)

_____ Signature of Person Giving Vaccine

_____ Office / Location where Immunization was Given

13058/JUN12 REV12-13