Alberta Health Services

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-maill Address - ibuschoolprogram@ahs.ca

Date *(yyyy-Mon-dd)*	Last Name	First Name
Gender ☐ Female ☐ Male	Date of Birth *(yyyy-Mon-dd)*	Personal Health Number
Address		
City	Province	Postal Code
Home Phone Number _____ Voice Mail? ☐ Yes ☐ No *(having voicemail ensures easier contact)*	Cell Phone Number _____ Voice Mail? ☐ Yes ☐ 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? ☐ Yes ☐ No	
History of Chickenpox (varicella) Disease? ☐ Yes ☐ No		

Office Use Only			
Date Referral Received *(yyyy-Mon-dd)*		Records ☐ Yes ☐ No	
Sero Email Sent	Endemic	Non-Endemic	Note
Sero Received Ref in Que	Email Sent		