



IMMUNIZATION INFORMATION REQUEST

For new students and Junior Kindergarten registrations

Complete this form and return to the school or Health Department.

Please check below to ensure you have completed the following:

- I have attached a copy of my child's immunization record.
- All of my child's immunizations are on the record I am submitting.** If immunizations are missing from your child's immunization record, please obtain an updated copy from your healthcare provider.
- All the vaccine dates and names are visible on the record (dates are not cut off the photocopy).**
- My child's name and date of birth is visible on every page of their record.** When you photocopy the inside of your child's immunization record, please add your child's name and date of birth to the top of the photocopy.

Student's Information

Legal First Name: _____	Legal Last Name: _____
Alternate First Name: _____	Alternate Last Name: _____
Birth date (yyyy-mm-dd): ____-____-____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Health Card Number (optional): ____-____-____-____	School: _____

Student's Address

Unit Number: _____	Street Number: _____	Street Name: _____
Rural Route: _____	Postal Code: ____-____	City: _____

Legal Guardian's Information

First Name: _____	Last Name: _____	Relationship: _____
Cell phone: ____-____-____	Home phone: ____-____-____	Work phone: ____-____-____

Alternate Guardian's Information

First Name: _____	Last Name: _____	Relationship: _____
Cell phone: ____-____-____	Home phone: ____-____-____	Work phone: ____-____-____

Parent/Guardian Signature _____ Date _____

We collect, use and release your personal information under the authority of the Health Protection and Promotion Act R.S.O. 1990 c.H.7, s. 5 and under the Immunization of School Pupils Act, R.S.O. 1990, s. 11(1) and its Regulations. This information is collected for the purpose of assessing, keeping records and reporting on the immunization status of children going to schools in the province of Ontario. Information collected is maintained electronically in a provincial immunization information system. Questions about this collection of information should be sent to the Manager, Health Information, Privacy and Security, Durham Region Health Department, at 605 Rossland Rd E., P.O. Box 730, Whitby, ON, L1N 0B2, (905) 668-7711.



Immunization requirements for attending Ontario schools

In accordance with the *Immunization of School Pupil's Act, R.S.O. 1990*; students under 18 years of age attending school in Ontario are required to provide proof of immunization against: diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, meningococcal and varicella. Varicella is only required for students born in 2010 or later. Exemptions may be granted for medical reasons or philosophical reasons (i.e. conscience or religious belief). Please contact the Health Department for more information.

The Durham Region Health Department keeps immunization records of children attending school to make sure they are up-to-date according to age and schedule. During the school year, students who are missing required immunizations will receive a notice from Durham Region Health Department to update this information. If your child's record is not up-to-date according to their age and immunization schedule, you may receive a notice from the Health Department.

Vaccinate...Then Update!

Every time your child receives an immunization, submit the updated immunization record to the school office or the Health Department directly by mail, phone or fax.

Stick to the Schedule!

It's important to follow Ontario's recommended immunization schedule to keep your child protected. **Some required immunizations may not be valid when they are given too early, or too close to one another.** Ontario's immunization schedule is available at www.Ontario.ca/page/vaccines