

IT IS IMPORTANT TO COMPLETE THIS INFORMATION IN FULL:

235 Danforth Ave., 2nd Flr., Toronto, ON M4K 1N4 Fax: 416-338-2487

Request for Immunization Information for New Students

To Parents/Guardians:

Ontario law requires that all students under the age of 18 be immunized against certain infectious diseases. Students must provide proof of immunization against **Diphtheria**, **Tetanus**, **Polio**, **Measles**, **Mumps and Rubella** to Toronto Public Health.

Please complete the information below or attach a **copy** of your child's immunization record. See your family doctor if you do not have a copy of your child's immunization record.

Return this form to your child's school office as soon as possible. Detailed instructions are on the back of this form.

School Name:																		
Student Name: _		Mide	Middle name First Name															
Date of Birth:(yyyy/mm/dd)								Gender: Male Female						RCLE ON	NE)			
ONTARIO HEALTH CARD NUMBER																		
Home Address: NUMBER STREET NAME UNIT # CITY POSTAL CODE															POSTAL CODE			
Parent/Guardian Name:								GIVEN NAME										
Telephone Number:																		
Doctor's Name:								BUSINESS Doctor's Telephone Number:										
PLEASE ATTACH A COPY OF YOUR CHILD'S IMMUNIZATION RECORD OR COMPLETE THE SECTION BELOW																		
Vaccine	. e		Cough)		ilus B	occal		*		easles)	soccal	(x)	В	HPV Human Papillomavirus		Other immunizations, tests results or comments		
Dates Given (yyyy/mm/dd)	Diphtheria	Tetanus (Lockjaw)	Pertussis (Whooping Cough)	Polio	Haemophilus E (HIB)	Pneumococcal	Rotavirus	*_Measles	* sdmuM	Rubella * (German Measles)	Meningococcal	Varicella (Chickenpox)	Hepatitis B	HPV Human Pa _l	908			
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Personal health information on this form is collected under the authority of the Health Protection and Promotion Act, R.S.O. 1990, c. H. 7. and the Immunization of School Pupils Act, R.S.O. 1990, c.I.1. It is used for the Toronto Public Health Vaccine Preventable Diseases Program. **The confidentiality of this information is protected.** For more information, visit our Privacy Statement at www.toronto.ca/health/information_practice_statement.htm **or** contact Manager, Vaccine Preventable Diseases - 235 Danforth Avenue, 2nd Floor, Toronto, ON M4K 1N4 or by telephone: 416 392-1250

^{*} Each dose of Measles, Mumps, Rubella vaccine must be given on or after the first birthday

Request for Immunization Information for New Students Instructions for Parents/Guardians

- 1. Please fill in the date (year/month/day) of <u>each shot</u> your child received or attach a clear photocopy of the student's immunization record. Both sides of the record must be included.
- 2. Be sure your child's name, date of birth and school name are clearly shown on the record.
- 3. If you do not have an immunization record for your child, take this form to your doctor to complete.
- 4. If your child does not have an Ontario Health Card and you cannot afford a doctor's service for immunization, call the Immunization Information Line at **416-392-1250** for more information.
- 5. To inquire about exemption from immunization for medical, religious or philosophical reasons, call the Immunization Information line at **416-392-1250**.
 - Please note: If there is an outbreak at your child's school, children who are not adequately immunized will not be able to attend school until the outbreak is over or they have received the necessary vaccine.
- 6. Keep your child's immunizations up to date and **always keep** the original for your record.

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Each time your child receives a shot, you are required to inform Toronto Public Health.

To report the information, please choose <u>ONE</u> of the options below:

- 1. Report Online: www.toronto.ca/immunization or
- 2. Fax: Toronto Public Health, 416-338-2487 or
- 3. **Mail**: Toronto Public Health Immunization, 235 Danforth Avenue, 2nd Floor, Toronto, ON M4K 1N4 or
- 4. **Your child's school office:** Provide the information and they will forward to Toronto Public Health Immunization