

235 Danforth Avenue 2nd Floor Toronto, Ontario M4K 1N2 Tel: 416-392-1250 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.

Detailed instructions for reporting your child's immunization information is on the back of this form.

IT IS IMPORTANT TO COMPLETE THIS INFORMATION IN FULL:

chool Name:								
tudent Name:								
Surname	Middle	me First Name						
ate of Birth:		Gender: Male Female (CIRCLE ONE)						
(yyyy/mm/dd)								
NTARIO HEALTH CARD NUMBER								
ome Address:								
NUMBER	STREET NAME	UNIT# CITY	POSTAL CODE					
arent/Guardian Name:								
	SURNAME	GIVEN NAME						
elephone Number:								
•	HOME	BUSINESS						
loctor's Name:	Doctor's Telephone Number:							

PLEASE ATTACH A COPY OF YOUR CHILD'S IMMUNIZATION RECORD OR COMPLETE THE SECTION BELOW

Vaccine	es		Cough)		ilus B	occal				easles)	occal	(x	В	HPV (Human Papillomavirus)		Other immunizations, tests results or
Dates Given (yyyy/mm/dd)	Diphtheria	Tetanus (Lockjaw)	Pertussis (Whooping Cough)	Polio	Haemophilus (HIB)	Pneumococcal	Rotavirus	Measles*	Mumps*	Rubella* (German Measles)	Meningococcal	Varicella (Chickenpox)	Hepatitis	HPV (Human Pa	BCG	comments

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

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 1N2 or by telephone: 416-392-1250

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

- 1. Please fill in the date (year/month/day) of <u>each needle</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 you're child does not have an Ontario Health Card and you cannot afford a doctor's service for immunization, call the Immunization Information Centre line at **416-392-1250**
- 5. To inquire about exemption from immunization for medical, religious or philosophical reasons, call the Immunization Information Centre 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.

Each time your child receives a needle, 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 1N2 or
- 4. **Your child's school office:** Provide the information and they will forward to Toronto Public Health Immunization