

SCHOOL VACCINE HISTORY

IMPORTANT INSTRUCTIONS

Complete this form and return it to Public Health. (See back of form for more information.)

- ✉ Mail: Vaccine Program, P.O. Box 897, Hamilton, ON, L8N 3P6
☎ Phone: 905-540-5250 (Monday to Friday 8:30 am - 4:30 pm)
📠 Fax: 905-546-4841

DO NOT GIVE THIS INFORMATION TO THE SCHOOL

Student Information

Student's Family/Last Name	Student's First Name(s)	<input type="checkbox"/> Male <input type="checkbox"/> Female			
Has there been a change in the child's family/last name? <input type="checkbox"/> No <input type="checkbox"/> Yes, other Family/Last Name:					
Ontario Health Card Number	Date of Birth	School			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">year</td> <td style="width: 33%;">month</td> <td style="width: 33%;">day</td> </tr> </table>	year	month	day	
year	month	day			

Parent/Guardian Information

Has there been a change in the child's family/last name? <input type="checkbox"/> No <input type="checkbox"/> Yes, other Family/Last Name:			
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other	
Parent/Guardian Family/Last Name if different than above		Parent/Guardian First Name(s)	
Address		City	Postal Code
Home Phone ()	Work Phone ()	Language	Country of Origin
Family Doctor and Telephone Number			

VACCINATION RECORD

Write your child's vaccine dates and check ✓ the vaccines given or attach a copy of the record.

Year	Month	Day	D= Diphtheria	T= Tetanus	aP= Pertussis	P= Polio is given by needle or by mouth		Hib= Haemophilus b	PneuC7= Pevnar 7	PneuC10= Synflorix	PneuC13= Pevnar13	Rot= Rotavirus	Men-C-C= Meningococcal C	M= Measles	M= Mumps	R= Rubella	Var= Varivax/Varirix	MMRV= measles, mumps, rubella, varicella	Men-C-ACYW= Meningococcal ACYW	HB= Hepatitis B	HPV= Human Papillomavirus	Other	
						IPV= needle	OPV= mouth																

Parent(s) or Guardian(s) Signature:	Date:
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PUBLICLY FUNDED IMMUNIZATION ROUTINE SCHEDULE FOR ONTARIO - AUGUST 2011

Age at vaccination	DTaP-IPV	-Hib	pneu-C-13	Rot-1	Men-C-C	MMR	Var	MMRV	Men-C-ACYW	HB	HPV-4	Tdap	Td	Flu
2 months	✓	✓	✓	✓										
4 months	✓	✓	✓	✓										
6 months	✓	✓												
12 months (after the first birthday)			✓		✓	✓								
15 months							✓							
18 months	✓	✓												
4 – 6 years	✓							✓						
12 years (grade 7)									✓ 1 dose	✓ 2 doses				
Grade 8 Female students											✓ 3 doses			
14 – 16 years (10 years after 4-6 booster)												✓		
Every 10 years													✓	
Every year														✓

IMMUNIZATION EXEMPTION INFORMATION

Parents who choose not to vaccinate must complete a legal statement. This form must be notarized. There are some children who cannot get a vaccine for medical reasons. A doctor can fill out a medical exemption for them. These forms must be brought to Public Health. You can call 905-540-5250 to request the forms or get them from www.hamilton.ca/immunize on the Childhood Vaccines page.

COLLECTION AND USE OF PERSONAL HEALTH INFORMATION

We are allowed by law to collect what you write on this form.

- Health Protection and Promotion Act
- Personal Health Information Protection Act

The information will be used for

- the vaccine program
- immunization records
- outbreak management
- program evaluation
- statistics and research

If you have questions about the collection of your information, contact:

Vaccine Program Manager
Hamilton Public Health Services
110 King Street West
Hamilton ON L8P 4S6
905-540-5250


Visit www.hamilton.ca/phsprivacy to learn more.

▪ **Please complete this form and return to Public Health**

- Keep a copy of this vaccine record for future use (e.g. entry to summer camp, college/university, volunteer work).
- You may have completed a vaccine history form for a child care centre. You must complete a new form for school.
- Students who have not provided their vaccine records or a signed exemption form may be suspended from school.
- Family doctors do not provide vaccine records to Public Health.

If you have any questions, please call Vaccine Program Records at 905-540-5250.

Sincerely,



Elizabeth Richardson, MD, MHSc, FRCPC
Medical Officer of Health