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REGION OF WATERLOO PUBLIC HEALTH

Immunization Information Form for **new registrants** attending a child care centre in Waterloo Region

The Day Nurseries Act requires that all infants and children attending a child care centre be fully immunized against Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella and Haemophilus Influenza type B. Please complete this form and attach the appropriate immunization record to provide your child care centre and Region of Waterloo Public Health with this required information.

Child's Last Name:		Child's First Name:	
Date of Birth:	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Child's Ontario Health Card Number (Optional):	
_ _ / _ _ / _ _ Year / Month / Day		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Name of Parent/Guardian A:		Name of Parent/Guardian B:	
Child's Primary Address:			
City:		Postal Code:	
Home Phone: () _ _ _ - _ _ _ _			
Child Care Centre:			
School currently attending:			
Please print the name of country where the immunization records are from:			

Immunization History

Please attach two (2) photocopies of your child's immunization record (yellow card) including all immunizations given since birth. One will be kept on file at the child care centre while the other will be sent to Public Health. Please ensure the dates of immunization are included. If your child was not born in Canada please attach a photocopy of their medical immunization history from their country of origin.

The chart on the reverse side of this page shows the required routine immunization schedule for children in Ontario (this schedule may change if your child misses any of these immunizations). Please review the chart to make sure your child is up-to-date according to the schedule. If you require assistance with reading the chart or your immunization record please contact Region of Waterloo Public Health at 519-883-2007 option 6.

Parent/Guardian Signature: _____ Date: _____

NOTICE OF PURPOSE – PERSONAL HEALTH INFORMATION

By completing this form you are consenting to the collection and use of your personal health information by Region of Waterloo Public Health to maintain the provincial immunization database. For further information please contact the Director of Central Resources at 519-883-2000.

Publicly Funded Routine Immunization Schedule for Children Beginning Immunization in Infancy

Age at Vaccination: Completed months and years	Diphtheria, Pertussis, Tetanus, Polio, Haemophilus Influenzae	Diphtheria, Pertussis, Tetanus, Polio	Pneumococcal Conjugate	Rotavirus	Meningococcal Conjugate	Measles Mumps Rubella (MMR)	Chickenpox (Varicella)	Measles, Mumps, Rubella, Chickenpox (MMRV)	Meningococcal Conjugate ACYW	Hepatitis B	HPV	Diphtheria, Tetanus, Pertussis	Seasonal Influenza
2 months	X		X	X									
4 months	X		X	X									
6 months	X												
12 months			X		X	X*							
15 months							X						
18 months	X												
4-6 years		X						X					
Grade 7									X**	X**			
Grade 8 females											X**		
14-16 years (10 years after 4-6 year old booster)												X	
every year (in autumn)													X

*MMR = measles, mumps and rubella vaccine which must be given after the first birthday

**These vaccines are given in school.

All adults 19 to 64 years of age who did not receive the Tdap (Tetanus, Diphtheria, Pertussis) vaccine in adolescence are now eligible to receive **one lifetime** (publicly funded) dose of the vaccine. This lifetime dose replaces one of the Td booster doses given every 10 years.

Adapted from Ontario Ministry of Health and Long-Term Care (2009). www.health.gov.on.ca/english/public/pub/immun/immunization.html