

TO BE COMPLETED AT TIME OF REGISTRATION

Hastings Prince Edward Public Health (HPEPH) is required under the *Immunization of School Pupils Act* (ISPA) to collect and maintain up-to-date records of immunization for every child registered in school in Hastings and Prince Edward counties. **The ISPA states that parents are required to provide public health with proof of completed immunization for diphtheria, tetanus, polio, pertussis, measles, mumps, rubella, meningococcal and varicella (chicken pox)* or with the appropriate documentation if they choose not to have their child immunized:** Statement of Medical Exemption (Form 1) or Statement of Conscience or Religious Belief Affidavit (Form 2). Please contact HPEPH for more information at 613-966-5500 ext. 221. **Please complete the following section at the time of school registration and attach a photocopy of your child's immunization record (ensure child's name and date of birth are recorded on the photocopy).** The school will forward the completed form to HPEPH, who will review the immunization information and maintain a record for each student. If your child's immunization is not complete, you will be notified by HPEPH. To avoid potential suspension, please ensure we have a complete, up-to-date immunization record for your child.

Immunization records and updates are NOT automatically provided to public health by your doctor.

There are three options available to update HPEPH with your child's immunization records:

Phone: 613-966-5500 ext. 221

Fax: 613-966-8145

Email: CDCIMM@hpeph.ca

***Chickenpox vaccine is required for school attendance only if born in 2010 or later. It is recommended that all children born on or after Jan 1, 2000 receive 2 doses of the vaccine, if they have not had the disease.**

STUDENT INFORMATION		Date: _____
(Please Print. Ensure ALL information is completed.)		year / month / day
Last Name:		
First Name:		
Date of Birth:		<input type="checkbox"/> M <input type="checkbox"/> F
year / month / day		
Ontario Health Card Number:		
Parent / Guardian:		
Postal Mail Address:		
City:	Postal Code:	
Phone (Cell):	(Home):	(Other):
School that child is or will be attending:		
Previous School:		
name of school		city/town / province

We are committed to providing accessible publications, programs and services to all.
For assistance please call 613-966-5500; TTY 711, or or email accessibility@hpeph.on.ca.
For more information, visit www.hpepublichealth.ca.

IMM-152
2017/07/12