



FORM TO BE COMPLETED AT THE TIME OF REGISTRATION

Nursery School/Day Care operators are required by the *Day Nurseries Act, R.R.O. 1990 Reg. 262, s.33* to keep a record of immunization on each child enrolled in a program or the parent/guardian's reason in writing as to why the child is not immunized. Please note that once your child attends school, additional documentation is required under the *Immunization of School Pupils Act* if you choose not to immunize. Please contact the health unit to discuss your options.

Please complete the following section and attach a photocopy of your child's immunization record (ensure child's name and date of birth are recorded on the record). A copy of this information will be given to and kept on file by the Hastings & Prince Edward Counties Health Unit. Health Unit staff will review immunization information on each child enrolled in a Nursery/Day Care program. If your child's immunization record is not complete you will be notified by the Health Unit.

Immunization records and updates are NOT automatically provided by your doctor. There are three options available to update the Health Unit with your child's immunization records:

Phone: 613-966-5513 ext. 221

Fax: 613-966-8145

Email: CDICIMM@hpechu.on.ca

Student Information (Please Print)

Date: _____
yyyy / mm / dd

Child's Surname:	
Given Name:	
Date of Birth: yyyy / mm / dd	<input type="checkbox"/> M <input type="checkbox"/> F
Ontario Health Card Number:	
Parent / Guardian:	
Mailing Address:	
City:	Postal Code:
Phone (H):	Phone (W):
Current Preschool/Daycare:	
Previous Preschool/Daycare:	
name	city/town

Please attach a photocopy of your child's Immunization Record

Publicly Funded Routine Immunization Schedule for Ontario / Calendrier de vaccination systématique publique en Ontario													
	Diphtheria Diphtérie	Tetanus Tétanos	Pertussis Coqueluche	Polio Poliovirus	HB	Pneumo conjugale Antipneumococonjugal	Méningite Meningite	Hépatite B Hépatite B	MMR MMR	Rougeole Rougeole	MMR C conjugale MMR C conjugal	Vaccinelle Vaccinelle	Hépatite B ³ Hépatite B
2 mo.	✓	✓	✓	✓	✓	✓	✓						
4 mo.	✓	✓	✓	✓	✓	✓	✓						
6 mo.	✓	✓	✓	✓	✓	✓	✓						
12 mo. ¹									✓	✓			
15 mo.									✓	✓			✓
18 mo.	✓	✓	✓	✓	✓	✓	✓						
4-6 yr/ans	✓	✓	✓	✓	✓	✓	✓						
12 yr/ans													✓
14-16 yr/ans ²	✓	✓	✓	✓	✓	✓	✓						
Every 10 yrs. Tous les 10 ans par la suite	✓	✓											

1. Must be after 1st birthday / Après le 1^{er} anniversaire impérativement.
2. dTap recommended / DtaP recommandé.
3. Hepatitis B immunization is based on two-dose schedule for Grade 7 Students (administered in schools). / La vaccination contre l'hépatite B est basée sur une posologie de deux doses pour les élèves de 7th année (administrée dans les écoles).

This information is collected under the authority of the *Health Protection and Promotion Act R.S.O. 1990 c.H.7., s.4* and the *Day Nurseries Act R.R.O. 1990 Reg. 262, s.33*. The personal health information collected on this form will be used to maintain immunization records and to monitor the use of vaccines for public health purposes. Questions regarding the collection and use of personal health information should be directed to the FOI Coordinator, Hastings & Prince Edward Counties Health Unit, 179 North Park St., Belleville, ON K8P 4P1, 613.966.5513 or 800.267.2803.