



FORM TO BE COMPLETED AT THE TIME OF REGISTRATION

The Hastings & Prince Edward Counties Health Unit 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 the health unit 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 the Health Unit for more information.

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 record). The school will forward the completed form to the Hastings & Prince Edward Counties Health Unit 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 the Health Unit. 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 by your doctor. There are three options available to update the Health Unit with your child's immunization records:

Phone: 613-966-5500 ext. 221

Fax: 613-966-8145

Email: CDICIMM@hpechu.on.ca

***Chickenpox vaccine is required only if born in 2010 or later.**

Student Information (Please Print)

Date: _____
yyyy / mm / dd

Last Name:	
First 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):
School that child is or will be attending:	
Previous School:	
name of school	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	Tetanus	Polio	Whooping Cough	MMR	MMRV	MMRV	MMRV	MMRV	MMRV	Hepatitis 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. thereafter / Tous les 10 ans par la suite	✓	✓									

1. Must be after 1st birthday. / Après le 1^{er} anniversaire impérativement.
 2. dTap recommended. / DcaT 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 7^e 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 *Immunization of School Pupils Act 1990*. 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, 613.966.5500 or 800.267.2803.