

IMPORTANT NOTICE

Dear Parent/Guardian,

Thank you for returning the Immunization Questionnaire. After reviewing the information, it has been determined that the following immunization information is missing:

Student Name: _____

DOB: _____

School Name: _____

**If child has already
been vaccinated,
please supply date:**

- o MMR – 1st dose must be given **after** the 1st birthday
- o MMR – a 2nd dose is now required by law _____
- o 4-6 year booster (tetanus, diphtheria, pertussis, polio vaccine) _____
- o If 4-6 year booster has not been given, the required immunization for children over age 7 is Adacel (diphtheria, tetanus, pertussis) and IPV (polio) _____
- o 14-16 year booster (Adacel™ - tetanus, diphtheria, pertussis) _____
- o the spacing between immunizations is too short – see highlighted dates on attached questionnaire
- o history from birth required, please supply us with a copy of your child’s immunization record
- o booster was given on _____, please provide the name of the vaccine given _____
- o some vaccinations are still missing: _____

York Region Community and Health Services must have a **complete** immunization record on file for your child. Please do not delay in updating and forwarding this information to Immunization Services in the return envelope provided by mail, fax 905-300-2183 or by phone at **905-895-6212 or 1-877-794-1880, Option 2.**

Sincerely,



Isabel Payne, RN, BScN
Manager, Community Clinics
Infectious Diseases Control Division

Encl.: Questionnaire
Return Envelope