

IMMUNIZATION PROGRAM – QUESTIONNAIRE

Please complete and make any necessary corrections in the areas provided below.

Parent/Guardian: _____

Phone–Home: _____ Work: _____

To the Parent/Guardian of:

Ontario Health Card Number: _____

 (Name of Student)

Birth Date: _____ Sex: _____
(Year/Month/Day)

(Class)

 (Address)

School: _____

(City / Province) (Postal Code)

No: _____ Student No: _____

Dear

Students under 18 years of age attending Ontario schools must have proof of immunization against **diphtheria, tetanus, polio, measles, mumps and rubella (German measles)**. We are required to have this information by law (*Immunization of School Pupils Act, 1990*). Immunization against measles, mumps and rubella must have been given after the 1st birthday.

- if this student needs an exemption from immunization against any disease listed for medical, religious, or conscientious reasons; or
- if this student does not have an immunization record; or
- **if you have any questions about this form, call the Immunization Team at (877) 794-1880 and select Option 1**

Health Department records of this student's past immunization are:

Vaccine ▶	Diphtheria	Pertussis <small>(Whooping Cough)</small>	Tetanus	Polio – IPV <small>(Salk)</small>	Polio – OPV <small>(Sabin)</small>	Hib <small>(Haemophilus)</small>	Measles	Mumps	Rubella	Hepatitis B	Men C Conj.	Varicella	PneuC 7 Conj
Dates Given (yy/mm/dd)													

NOTE:
 Update this record if it does not show all of your child's immunizations.
OR
 Attach a copy of the child's Immunization Record.

This record shows that this student needs the following vaccine(s):

Please make an appointment with your family doctor to have this student immunized. Take this form with you so that the doctor can record the vaccines given.
 If this student has already been vaccinated, record or have your doctor record the vaccine(s) given.

VACCINE(S) GIVEN:	DATE GIVEN:	DOCTOR'S NAME AND TELEPHONE NUMBER:

Return this form to:

by:

STUDENT MUST BE COMPLETELY IMMUNIZED IN ORDER TO ATTEND SCHOOL

The information provided or attached to this form is being collected, and will be used by the local health unit for the purpose of the Medical Officer of Health maintaining an immunization record on the above named student and to take appropriate action to prevent certain vaccine preventable diseases in the health unit. This information may be disclosed to the Ministry or other health units for the purpose of the prevention of vaccine preventable diseases. For further details about this collection, you can contact (905) 895-1231.



IMPORTANT INFORMATION ABOUT IMMUNIZATION

The Immunization of School Pupils' Act in Ontario states that all children attending school must be immunized against **Diphtheria, Tetanus, Polio, Measles, Mumps and Rubella**.

York Region Health Services is required by law to review all students' immunization records each year.

The **parent/guardian** is responsible for providing Health Services with up-to-date immunization information for his/her child, including **every vaccine and date given (year, month and day)**. Any new information should be provided on an **ongoing basis** to York Region Health Services at 1-877-794-1880 and select Option 1.

If you have no proof of immunization, the series must be re-started according to Ministry of Health guidelines based on the child's age.

If a student does not have up-to-date immunization information, he/she may be suspended from school until proof is provided.

ALL DATES ARE NEEDED FOR:

Age	Diphtheria	Pertussis	Tetanus	Polio	Hib	Measles	Mumps	Rubella
2 months	√	√	√	√	√			
4 months	√	√	√	√	√			
6 months	√	√	√	√	√			
> 12 months						√	√	√
18 months	√	√	√	√	√	√	√	√
4 - 6 years	√	√	√	√				
14 - 16 years (Due 10 years from previous booster)	√	√	√					
Every 10 years after	√		√					

Note: 2 doses of measles vaccine are required – with 1st dose after the 1st birthday.

If you want an exemption from immunization for medical, religious, or conscientious reasons, please contact Immunization Services.

Immunization Review Process

- **Questionnaire** – Each year, York Region Health Services reviews all students' immunization records and a Questionnaire is sent home with students when we do not have up-to-date immunization records.
- **Suspension Order** – A few weeks later, if no information or inadequate information is provided, a Suspension Order is mailed home to parents, indicating the date the student will be suspended from school.
- **Suspension** – After a further 3-4 weeks, if no information or inadequate information is provided, the school principal suspends the child from school until adequate proof of immunization is provided.

Please note: All name and address information is provided to York Region Health Services by your child's school. If this information is incorrect, please contact your child's school to have the information corrected on the School Board's computer system. York Region Health Services cannot alter this information.

IF YOU HAVE QUESTIONS OR WISH TO PROVIDE IMMUNIZATION INFORMATION FOR YOUR CHILD, PLEASE CALL IMMUNIZATION SERVICES AT 1-877-794-1880 AND SELECT OPTION 1.