

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 for:

Student Name: _____ DOB: _____

School Name: _____

If child has already been vaccinated, please supply date:

**If already 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™ (tetanus, diphtheria, pertussis) and IPV (polio) _____
- o 14-16 year booster (Adacel™ - tetanus, diphtheria, pertussis) _____
- o 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 1-905-895-6066 or by phone at 1-877-794-1880, Option 1.

Sincerely,



Jason Garay, BSc, BASc, MHSc
Manager, Infectious Diseases Control Division
York Region Community and Health Services Department

Encl.: Questionnaire
Return Envelope

Mailing Address

Box 147
Newmarket ON
L3Y 6Z1

Office Location

194 Eagle Street
Newmarket ON
L3Y 6Z1

The Regional Municipality of York, 17250 Yonge Street, Newmarket, Ontario L3Y 6Z1

Tel: (905) 830-4444 1-877-794-1880, Option 1 Fax: (905) 895-6066

Internet: www.york.ca/surveillance