

IMMUNIZATION RECORD

To be completed by parent **prior** to entry into child care centre.

Name of child care centre _____

Child's name _____

Ontario Health Card number: _____ Birth date: _____ sex: _____
yy/mm/dd

Parent or guardian _____

Address _____

Telephone: home: _____ business: _____

Under the *Day Nurseries Act*, Section 33, "every operator shall ensure that before a child is admitted to a day nursery operated by the operator or to a location where private-home day care is provided by the operator, and from time to time thereafter, the child is immunized as recommended by the local medical officer of health."

Please complete the record below (enclose a copy of the child's immunization record if possible) and return to the operator of the child care centre, prior to admission.

Date vaccine given	Diphtheria	Tetanus	Pertussis	Polio	Hib	Pneumo conjugate	Measles, Mumps Rubella	Men C conjugate	Varicella	Hepatitis B

Call the York Region Community and Health Services Immunization Team at 1-877-794-1880 if:

- This child needs an exemption from immunization against any disease listed for medical, religious or conscientious reasons, or
- This child does not have an immunization record, or
- You have any questions about this form

This information is being collected under the authority of the *Health Protection and Promotion Act*, R.S.O. 1990, c.H.7 for the purpose of case management and case investigations, client follow up and monitoring, contact tracing, public health administration and the provision of statistical data to the Ministry of Health and Long-Term Care. Information will be retained, used, disclosed and disposed of in accordance with the *Personal Health Information Protection Act*, 2004, S.O. 2004, c. 3. Any questions regarding this collection may be directed to the Privacy Officer, located at 17250 Yonge Street, Newmarket, Ontario, L3Y-6Z1, and (905) 830-4444 ext. 1320