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REGION OF WATERLOO PUBLIC HEALTH

Immunization Information Form for **new registrants** attending a child care centre in Waterloo Region

The Child Care and Early Years Act requires all infants and children attending a child care centre be fully immunized as recommended by the Medical Officer of Health. In Waterloo Region this includes: **Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella and Haemophilus Influenza type B.**

Please complete this form and attach the appropriate immunization record to provide your child care centre and Region of Waterloo Public Health with this required information.

Child's Last Name:	Child's First Name:
Date of Birth: ____ / ____ / ____ Year / Month / Day	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____
Name of Parent/Guardian A: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	Name of Parent/Guardian B: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian
Child's Primary Address:	
City:	Postal Code:
Home Phone: () ____ - ____	
Child Care Centre:	
School currently attending (if applicable):	
Please print the name of country where the immunization records are from:	

Immunization History

Please attach two (2) photocopies of your child's immunization record including all immunizations given since birth. One will be kept on file at the child care centre while the other will be sent to Public Health. Please ensure the dates of immunization are included. If your child was not born in Canada please attach a photocopy of their medical immunization history from their country of origin.

The chart on the reverse side of this page shows the full publicly funded routine immunization schedule for children (up to four to six years) in Ontario. Please review the chart to make sure your child is up-to-date according to the schedule. If you require assistance with reading the chart or your immunization record please speak with your health care provider (e.g. family doctor) or contact Region of Waterloo Public Health at 519-575-4400 ext. 13007.

Parent/Guardian Signature: _____ Date: _____

NOTICE OF PURPOSE – PERSONAL HEALTH INFORMATION

By completing this form you are consenting to the collection and use of your personal health information by Region of Waterloo Public Health to maintain the provincial immunization database. For further information please contact the Director of Central Resources at 519-575-4400.

Ontario Publicly Funded Immunization Schedule for Starting Immunization in Infancy

Vaccine	2 months	4 months	6 months	12 months	15 months	18 months	4 to 6 years**
DTaP-IPV-Hib* Diphtheria*, Tetanus*, Pertussis*, Polio*, Haemophilus influenzae B*	X	X	X			X	
Pneu-C-13 Pneumococcal Conjugate 13	X	X		X			
Rot-1 Rotavirus	X	X					
Men-C-C ^ Meningococcal Conjugate C				X			
MMR* ^ Measles*, Mumps*, Rubella*				X			
Var Varicella (Chicken pox)					X		
MMRV Measles*, Mumps*, Rubella*, Varicella							X
Tdap-IPV* Tetanus*, Diphtheria*, Pertussis*, Polio*							X

* Indicates required vaccine for entry into a child care centre

^ MMR and Men-C-Cvaccine must be given on or after the first birthday

** Preferably given at 4 years of age

Adapted from Ontario Ministry of Health and Long-Term Care (2015).

http://www.health.gov.on.ca/en/pro/programs/immunization/docs/immunization_schedule.pdf