



## SCHOOL ENTRY IMMUNIZATION FORM

The Thunder Bay District Health Unit is required by law to keep an immunization record on every school aged child in the District. ***As a parent it is your responsibility to provide the Health Unit with a complete record of your child's immunization.*** You can also submit your child's vaccine record @ [www.updatevaccinerecord.com](http://www.updatevaccinerecord.com). **Records are not provided by physicians' offices, clinics, or other provincial health units.** If you have any further concerns, please call the Health Unit Immunization Program at 625-5971.

**PLEASE COMPLETE THE FOLLOWING:**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M  F   
year / month / day

Has your child ever had a different last name(s)? If "Yes" Name \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Name: (Parent or Guardian) \_\_\_\_\_ Day Care Attending: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Complete below or attach a photocopy of your child's immunization record:

Date			Diphtheria	Pertussis <sup>1</sup>	Tetanus <sup>2</sup>	Polio - IPV	Polio - OPV	Hib <sup>3</sup>	Measles	Mumps	Rubella <sup>4</sup>	Hepatitis B	Varicella <sup>5</sup>	Men C conjugate <sup>6</sup>	Pneumo conjugate <sup>7</sup>
Year	Month	Day	Diphthérie	Coqueluche	Tétanos	Poliovyrélite - VPI	Poliovyrélite - VPO		Rougeole	Oreillons	Rubeole	Hépatite B	Varicelle	Mén. C conjugué	Antipneumoc. Conjugué

Note: If oral polio is given Indicate with an "O"

<sup>1</sup> Pertussis – Whooping Cough                      <sup>6</sup> MenC – Meningococcal C Conjugate  
<sup>2</sup> Tetanus – Lockjaw                                      <sup>7</sup> PneuC – Pneumococcal Conjugate  
<sup>3</sup> HIB – Haemophilus Influenza "B"  
<sup>4</sup> Rubella – German Measles  
<sup>5</sup> Varicella – Chicken Pox

**PLEASE RETURN THIS FORM  
 BY MARCH 30, 2012  
 TO: THE THUNDER BAY DISTRICT HEALTH UNIT IN YOUR AREA  
 Do not return this form to the school**

## PARENT INFORMATION: IMMUNIZATION REQUIREMENTS

Children attending Day Care and licensed Day Nurseries must be immunized according to the recommended immunization schedule for their age.

ROUTINE IMMUNIZATION		OPTIONAL IMMUNIZATION						
Age	Vaccine	MEN C	ROTA VIRUS	PREV	VAR	HEP B	HPV	MEN ACYW135
2 months	DTP, Hib		X	X				
4 months	DTP, Hib		X	X				
6 months	DTP, Hib							
12 months + (after 1st birthday)	MMR	X		X				
15 months					X			
18 months	DTP,Hib/MMR							
4-6 years	DTP / MMRV							
Grade 7						X 2		X
Grade 8							X 3	
14 – 16 years	Tdap							

DTP = diphtheria, pertussis (whooping cough), tetanus, polio

MMR = measles, mumps, rubella (German measles)

MMRV = measles, mumps, rubella (German measles), varicella

Tdap = tetanus, diphtheria and acellular pertussis / or Td = tetanus, diphtheria

MEN = Meningococcal C – One dose of Men C is provided free of charge at 1 year of age if not given in Infancy.

VAR = Varicella (this and MMR can be given on the same day AFTER the 1<sup>st</sup> birthday or at least 1 month apart)

Hib = Haemophilus b influenza (meningitis)

PREV = Prevnar

Hep B = Hepatitis B

HPV = Human Papillomavirus

MEN ACYW135 = Menactra

**It is the parent's responsibility to inform the Health Unit in your area of your child's immunization.** Give the name of the **vaccine**, the **date** it was given, and the **doctor's name** who gave the vaccine.

**IF YOUR CHILD HAS OR DEVELOPS ANY ALLERGY, DRUG SENSITIVITY OR SIGNIFICANT ILLNESS, PLEASE NOTIFY YOUR FAMILY PHYSICIAN OR THE HEALTH UNIT IMMEDIATELY.**

If your child has been immunized according to the recommended schedule, extra boosters for tetanus at time of injury are not normally necessary.

Exemptions to immunization based on medical, religious, or conscientious grounds may be obtained from the Health Unit.

Personal information collected on this form is under the authority of The Health Protection and Promotion Act R.S.O. 1990 as amended and in accordance with the Municipal Freedom of Information and Protection of Privacy Act R.S.O. 1990 and the Personal Health Information Protection Act, 2004. This information will be used for screening, assessment, management, treatment, and reporting purposes. Direct any questions regarding the collection of this information to the Privacy Officer, Thunder Bay District Health Unit, 999 Balmoral Street, Thunder Bay ON P7B 6E7. Telephone (807) 625-5900.