

Licensed Child Care Entry – Immunization Form

The Thunder Bay District Health Unit is required by law to keep an immunization record on every child attending licensed child care.

It is the responsibility of the parent/guardian to provide the Health Unit with an immunization record. Health care providers do not routinely forward immunization records to the Health Unit.

If an exemption for a vaccine(s) is required, call 625-5900 or toll free 1-888-294-6630, or visit our website at TBDHU.com to obtain a Ministry of Education Statement of Medical Exemption form OR Statement of Conscience or Religious Belief affidavit.

PLEASE COMPLETE THE FOLLOWING:

Child's Last Name _____ First Name _____

Date of Birth (YY/MM/DD) _____ Male Female

Ontario Health Card _____

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

Address _____ Postal Code _____

Parent/Guardian Name _____

Phone (home) _____ (daytime) _____

Child Care Provider _____ Site _____

OPTIONS FOR SUBMITTING IMMUNIZATION RECORDS:

Attach a photocopy of your child's immunization record ("yellow card") and any other documents to this form and return to the child care provider.

OR

Take a photo of your child's "yellow card" and any other documents and submit through the secure website: www.updatevaccinerecord.com. Return this form to the child care provider.

PLEASE RETURN THIS FORM TO THE CHILD CARE PROVIDER

IMT-402 Licensed Child Care Entry Immunization Form May, 2017

Personal information on this form is collected 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 to maintain an immunization record. For questions regarding the collection of your personal information, please contact the Thunder Bay District Health Unit, 999 Balmoral Street, Thunder Bay, ON P7B 6E7. Telephone (807) 625-5900.

