

# SCHOOL ENTRY IMMUNIZATION FORM

Updated: January 2024

Under the Immunization of School Pupil Act (ISPA), some vaccines are required to attend school in Ontario. The Thunder Bay District Health Unit (TBDHU) needs to review your child's immunization records to make sure they have all of the vaccines ISPA requires for school attendance.

**Most health care providers do not forward this information to Health Units.** You need to submit your child's immunization record using an option below:



**Online at [TBDHU.COM/immunizations](https://www.tbdhu.com/immunizations) using Immunization Connect ONtario (ICON).**

ICON is a safe, online portal where you can submit your child's information and their immunization record. TBDHU can access this information once it is entered into ICON.

- OR -



**Complete the form below\* and attach a copy of your child's immunization record. Then fax, mail or deliver it in person to your nearest Health Unit office:**



<b>Thunder Bay</b> Fax: (807) 625-4828 999 Balmoral St. Thunder Bay ON P7B 6E7	<b>Greenstone</b> Fax: (807) 854-1871 510 Hogarth Ave W Box 1360 Geraldton ON P0T 1M0	<b>Marathon &amp; Manitouwadge</b> Fax: (807) 229-3356 Box 384 14 Hemlo Dr. Suite B Marathon ON P0T 2E0	<b>Red Rock</b> Fax: (807) 886-1096 46 Salls Street Suite 2 Red Rock ON P0T 2P0	<b>Terrace Bay</b> Fax: (807) 229-3356
--------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------	-------------------------------------------



**If you do not have a record, please obtain a copy from your Health Care Provider and submit their record using one of the options above.**

## STUDENT INFORMATION (please print)

Last Name		First Name		Ontario Health Card #	Gender
Date of Birth		School			Grade
Year	Month	Day			
Has the child ever had another first or last name? If YES, please list					
Parent / Legal Guardian Name				Home Phone:	Work or Cell:
Health Care Provider/Clinic					

**DO NOT RETURN THIS FORM TO THE SCHOOL**

PLEASE SUBMIT YOUR CHILD'S IMMUNIZATION RECORD TO THE HEALTH UNIT BY  
**AUGUST 31, 2024**

\* If you cannot print this form, write the same information on a piece of paper and attach it to the record submission.

IMT-009 School Entry Form January 2024

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 is used for screening, assessment, management, treatment and reporting purposes. 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.



**Thunder Bay District  
Health Unit**