



REGION OF WATERLOO PUBLIC HEALTH

Student Immunization Information Form

(Please fill in both sides of this form and print clearly)

Child's Last Name:	Child's First Name:	Middle Name:
Date of Birth: Year / Month / Day ____ / ____ / ____	Boy () Girl ()	Child's Ontario Health Card Number: <div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> </div>
Mother's Name:		Father's Name:
Address:		Address:
City & Postal Code:		City & Postal Code:
Home Phone (519)		Home Phone (519)
Physician Name:		Physician Phone Number:

School Information:

Name of School Registered to Attend:
Name and City of Previous School:

Immunization History:

1. Please attach a photocopy of **all your child's immunization dates (since birth)** to this form or complete the chart below.
2. Please carefully check (✓) all parts of the immunization given.
3. If your child is **NOT IMMUNIZED**, please complete the "Immunization Exemption Request" on the other side of this page.

DATE Year / Month / Day	Pentacel	Quadracel	Diphtheria	Pertussis	Tetanus	Polio IPV or OPV	HIB Haemophilus b	Measles	Mumps	Rubella	Other Vaccines
____ / ____ / ____											
____ / ____ / ____											
____ / ____ / ____											
____ / ____ / ____											
____ / ____ / ____											
____ / ____ / ____											
____ / ____ / ____											
____ / ____ / ____											
____ / ____ / ____											
____ / ____ / ____											
____ / ____ / ____											

When your child receives immunization, please contact Region of Waterloo Public Health to update his/her records.

OVER →

IMMUNIZATION EXEMPTION REQUEST

Is there any reason your child is not immunized?

MEDICAL REASON: YES NO

RELIGIOUS/CONSCIENCE CONFLICT: YES NO

If you answered “yes to either of the questions, an “Exemption from immunization” form will be mailed to you from Region of Waterloo Public Health. Please complete the form as instructed and return it to Region of Waterloo Public Health before your child enters school.

LANGUAGE SPOKEN: English () Portuguese ()
 French () Spanish ()
 German () Other () _____

PLEASE NOTE:

In order to attend school in Waterloo Region, you must provide a history of your child’s immunizations to the Region of Waterloo Public Health (Medical Officer of Health). The Immunization of School Pupils Act requires that students have up-to-date immunization against six designated diseases: diphtheria, tetanus, polio, measles (2 doses **on or after the 1st birthday**), mumps and rubella (German measles), or a statement of medical, religious or conscientious objection.

NOTICE OF PURPOSE – HEALTH INFORMATION PRIVACY

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 personal immunization database. For further information, please contact the Director of Central Resources at (519) 883-2000.

If you are unable to complete this form or need assistance, please contact Immunization Services at Region of Waterloo Public Health by calling 883-2006 ext. 5259.

Parent / Guardian Name

Date (Month / Day / Year)