



School Vaccine History

IMPORTANT INSTRUCTIONS Complete this form and return it to Public Health Services Vaccine Program by: Vaccine Program, P.O. Box 897, Hamilton, ON, L8N 3P6 Mail: Phone: 905-540-5250 (Monday to Friday 8:30 a.m. - 4:30 p.m.) 110 King St. W, Hamilton ON, RTB 2nd floor (Monday to Friday 8:30 a.m. - 4:30 p.m.) Drop-off: DO NOT SUBMIT THIS FORM BACK TO THE SCHOOL Student's Family/Last Name Student's First Name(s) ☐ Male ☐ Female ☐ Other If Yes, other Family/Last Name ☐ No Has there been a change in the child's family/last name? ☐ Yes School Date of Birth day year Health Card Number (if applicable): **Parent/Guardian Information** ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Other ☐ Mother ☐ Father ☐ Guardian ☐ Other Parent/Guardian Family/Last Name if different than above Parent/Guardian First Name(s) Address City Postal Code Home Phone Work Phone Country of Origin Language Primary Care Provider and Telephone Number Email **VACCINE RECORD** Write your child's vaccination dates and check ✓ the vaccines given and attach a copy of the record. Hib= Haemophilus infleunzae b P= Polio Vaccines given in mumps, is given Grade 7 in Ontario by needle or by Pneumococcal 13 mouth MMRV= Measles, rubella, varicella **Men-C-C**= Meningococcal C Men-C-ACWY= Meningococcal ACYW Year Month Day Rot= Rotavirus **HPV**= Human Papillomavirus Var= Varicella HB= Hepatitis D= Diphtheria aP= Pertussis OPV= mouth M= Measles **PV**= needle T= Tetanus M= Mumps R= Rubella Parent or Guardian Signature: Date:

PUBLICLY FUNDED IMMUNIZATION ROUTINE SCHEDULE FOR ONTARIO – June 2022																
Vaccine Age	DTaP-IPV- Hib	Pneu-C- 13	Rot-1	Men-C-C	MMR	Var	MMR-V	Tdap-IPV	Men-C- ACYW135	НВ	HPV	Tdap	Td	Flu	Pneu- P-23	HZ
2 months	√	✓	✓													
4 months	✓	✓	✓													
6 months	✓															
12 months (on/after 1st birthday)		✓		✓	✓											
15 months						✓										
18 months	✓															
4-6 years							✓	✓								
Grade 7									✓	✓ 2 doses	✓ *2 or 3 doses					
14-16 years												✓				
24-26 years												✓				
Every 10 years													✓			
Every Year														✓		
65 years															✓	√

* 2 doses of HPV vaccine are given to healthy students who are under 15 years of age when they start the series. All other students receive 3 doses.

EXEMPTIONS

Parents who choose not to vaccinate must complete a legal statement. If you have strong beliefs against getting vaccines, you can visit our website for instructions on how to obtain an exemption. There are some children who cannot get a vaccine for medical reasons. A primary care provider can fill out a medical exemption for them. Instructions, legal forms and conditions are posted under Vaccines & Children > Vaccines and the Law at www.hamilton.ca/vaccines.

COLLECTION AND USE OF PERSONAL HEALTH INFORMATION

We are allowed by law to collect what you write on this form.

- Health Protection and Promotion Act
- Personal Health Information Protection Act
- Immunization of School Pupils Act

The information will be used for the purposes of keeping your vaccine records up to date, meeting Immunization of School Pupils Act legislation, and the collection of statistics.

If you have questions about the collection of your information, contact:

Vaccine Program 110 King Street West 2nd Floor Hamilton ON L8P 4S6 905-540-5250

Visit www.hamilton.ca/phsprivacy to learn more.

Please complete this form and return to Public Health Services Vaccine Program. Please considering the following:

Access your vaccine records online with Public Health by completing and submitting this form. You can visit the provided link or scan the QR code below.

https://hph.icon.ehealthontario.ca/



 Students who do not have an updated vaccine record or a completed exemption on file with Public Health may face suspension from school.

Sincerely,

Michael Bush, MSc, PMP Manager, Vaccine Program