

School Vaccine History

IMPORTANT INSTRUCTIONS

Complete this form and return it to Public Health Services Vaccine Program by:

Mail: Vaccine Program, P.O. Box 897, Hamilton, ON, L8N 3P6
 Phone: 905-540-5250 (Monday to Friday 8:30 a.m. - 4:30 p.m.)
 Fax: 905-546-4841
 In person: Hamilton Public Health Services, 110 King Street West, 2nd Floor
 Online: www.hamilton.ca/reportingvaccines (no form needed)

DO NOT GIVE THIS INFORMATION TO THE SCHOOL

Student Information

Student's Family/Last Name			Student's First Name(s)			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Has there been a change in the child's family/last name?			<input type="checkbox"/> No <input type="checkbox"/> Yes		If Yes, other Family/Last Name		
Date of Birth			School				
year	month	day					

Parent/Guardian Information

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Other			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other			
Parent/Guardian Family/Last Name if different than above			Parent/Guardian First Name(s)			
Address			City		Postal Code	
Home Phone () ()		Work Phone () ()	Language		Country of Origin	
Family Doctor and Telephone Number						

VACCINE RECORD

Write your child's vaccination dates and check ✓ the vaccines given or attach a copy of the record.

Year	Month	Day	D= Diphtheria	T= Tetanus	aP= Pertussis	P= Polio is given by needle or by mouth		Hib= Haemophilus b	Pneumococcal	Rot= Rotavirus	Men-C-C= Meningococcal C	M= Measles	M= Mumps	R= Rubella	Var= Varicella	MMRV= Measles, mumps, rubella, varicella	Vaccines given in Grade 7 in Ontario			Other:	
						IPV= needle	OPV= mouth										HB= Hepatitis B	Men-C-ACWY= Meningococcal ACYW	HPV= Human Papillomavirus		

Parent or Guardian Signature:	Date:
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PUBLICLY FUNDED IMMUNIZATION ROUTINE SCHEDULE FOR ONTARIO – December 2016

Age	Vaccine	DTaP-IPV-Hib	Pneu-C-13	Rot-5	Men-C-C	MMR	Var	MMR-V	Tdap-IPV	Men-C-ACYW135	HB	HPV	Tdap	Td	Flu	Pneu-P-23	HZ
2 months		✓	✓	✓													
4 months		✓	✓	✓													
6 months		✓		✓													
12 months (after 1 st birthday)			✓		✓	✓											
15 months							✓										
18 months		✓															
4-6 years								✓	✓								
Grade 7										✓	✓ 2 doses	✓ *2 or 3 doses					
14-16 years													✓				
24-26 yrs													✓				
Every 10 years														✓			
Every Year															✓		
65 yrs																✓	✓

* 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. This form must be notarized and an education session must be completed at Hamilton Public Health. There are some children who cannot get a vaccine for medical reasons. A doctor can fill out a medical exemption for them. These forms must be brought to Public Health Services. You can call 905-540-5250 to request the forms or get them from www.hamilton.ca/vaccines > Vaccines and the Law.

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 Representative
Hamilton Public Health Services
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

- Keep a copy of this vaccine record for future use (e.g. entry to summer camp, college/university, volunteer work).
- You may have completed a vaccine history form for a child care centre. You must complete a new form for school.
- Students who have not provided their vaccine records or a signed exemption form may be suspended from school.
- Family doctors do not provide vaccine records to Public Health Services.

If you have any questions, please call Vaccine Program Records at 905-540-5250.

Sincerely,



Julie Prieto RN, BScN
Manager, Vaccine Program