



# Immunization Data Form

Name of School: \_\_\_\_\_

**Personal Information: (Please PRINT Clearly)**

*(Please print name as it appears on school registration.)*

Child's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ / Male [ ] / Ontario Health Card #: \_\_\_\_\_  
 Year Month Day Female [ ]

Parent/Guardian: \_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Relationship to Child)

Address: \_\_\_\_\_ Unit/Apt.: \_\_\_\_\_ Home Phone # [ ] \_\_\_\_\_

City/Town: \_\_\_\_\_ PC \_\_\_\_\_ Work Phone # [ ] \_\_\_\_\_

Family Physician: \_\_\_\_\_ Dr.'s Phone # [ ] \_\_\_\_\_

Name of Previous School (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

**Immunization History:**

**Please attach a photocopy of all of your child's records to this form.**

**PLEASE NOTE:**

In order to attend School in Wellington-Dufferin-Guelph, you must provide a complete history of your child's immunization to the Health Unit (Medical Officer of Health) or produce a signed medical exemption from your physician or and affidavit stating a religious or philosophical conflict. The Immunization of School Pupils Act, 1982 requires that students have up-to-date immunization against six designated diseases: **diphtheria, tetanus, polio, measles, mumps and rubella (German measles).** It is the responsibility of parents to maintain a record of immunization for their children and to inform the Wellington-Dufferin-Guelph Health Unit as additional immunization is given.

**If you are unable to complete this form or cannot locate your child's record, please contact your previous physician or call the health unit for assistance.**

Collection of this information is authorized under the Immunization of School Pupils Act, 1982, s. 11, the Health Act, 1983, and the Health Cards and Numbers Control Act, 1991, s.2. This information is used by the Medical Officer of Health to maintain an immunization record on this child and to take appropriate action to prevent certain vaccine preventable diseases. For further details concerning this collection, contact your local health unit.

205 Queen St. E. Fergus, ON N1M 1T2 Tel: (519) 843-2460 Fax: (519) 843-2321	125 Delhi St. Guelph, ON N1E 4J5 Tel: (519) 821-2370 Fax: (519) 836-7215	51 Zina St. Orangeville, ON L9W 1E5 Tel: (519) 941-0760 Fax: (519) 941-1600	140 Wellington St. Mt. Forest, ON N0G 2L0 Tel: (519) 323-2330 Fax: (519) 323-3794	500 Whites Rd. Palmerston, ON N0G 2P0 Tel: (519) 343-2240 Fax: (519) 343-2487	211 First Ave. Shelburne, ON L0N 1S0 Tel: (519) 925-2000 Fax: (519) 925-6743
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