

**Complete this form and return it to the child care centre. (See back of form for more information.)**

**LICENSED CHILD CARE CENTRE VACCINE HISTORY**

Child's Family/Last Name		Child's First Name(s)			<input type="checkbox"/> Male <input type="checkbox"/> Female	
Has there been a change in the child's family/last name? <input type="checkbox"/> No <input type="checkbox"/> Yes, other Family/Last Name:						
Ontario Health Card Number		Date of Birth			Child Care Centre	
		year	month	day		

**CONTACT 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			

**VACCINATION RECORD**

**Write your child's vaccine 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	PneuC7= Pevnar 7	PneuC10= Synflorix	PneuC13= Pevnar13	Rot= Rotavirus	Men-C-C= Meningococcal C	M= Measles	M= Mumps	R= Rubella	Var= Varivax/Varirix	MMRV= measles, mumps, rubella, varicella	Men-C-ACYW= Meningococcal ACYW	HB= Hepatitis B	HPV= Human Papillomavirus	Other	
						IPV= needle	OPV= mouth																

**COLLECTION AND USE OF PERSONAL HEALTH INFORMATION**

We are allowed by law to collect what you write on this form. If you have questions about the collection of your information, contact:

- Health Protection and Promotion Act
- Personal Health Information Protection Act

The information will be used for

- the vaccine program
- immunization records
- outbreak management
- program evaluation
- statistics and research

Vaccine Program Manager  
Hamilton Public Health Services  
110 King Street West  
Hamilton ON L8P 4S6  
905-540-5250  
Visit [www.hamilton.ca/phsprivacy](http://www.hamilton.ca/phsprivacy) to learn more.

Parent(s) or Guardian(s) Signature:	Date:
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# IMPORTANT

The Day Nurseries Act states that the Medical Officer of Health must have a record of immunization for all children at licensed child care centres. In the event of an outbreak, this information is used to protect children who are unable to be immunized.

PUBLICLY FUNDED IMMUNIZATION ROUTINE SCHEDULE FOR ONTARIO - AUGUST 2011														
Age at vaccination	DTaP-IPV	-Hib	Pneu-C-13	Rot-1	Men-C-C	MMR	Var	MMRV	Men-C-ACYW	HB	HPV-4	Tdap	Td	Flu
2 months	✓	✓	✓	✓										
4 months	✓	✓	✓	✓										
6 months	✓	✓												
12 months (after the first birthday)			✓		✓	✓								
15 months							✓							
18 months	✓	✓												
4 – 6 years	✓							✓						
12 years (grade 7)									✓ 1 dose	✓ 2 doses				
Grade 8 Female students											✓ 3 doses			
14 – 16 years (10 years after 4-6 booster)												✓		
Every 10 years													✓	
Every year														✓

### IMMUNIZATION EXEMPTION INFORMATION

Parents who choose not to vaccinate must complete a legal statement. This form must be notarized. 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. You can call 905-540-5250 to request the forms or get them from [www.hamilton.ca/immunize](http://www.hamilton.ca/immunize) on the Childhood Vaccines page.

- **Please complete this form and return to the child care centre**
    - The licensed child care centre is responsible for sending a copy to Public Health Services.
- Note:**
- Keep a copy of this vaccine record for future use (e.g. entry to summer camp, college/university, volunteer work)
  - This form is for child care centres. You may be asked to complete a new form when your child goes to school.

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

Sincerely,



Elizabeth Richardson, MD, MHSc, FRCPC  
 Medical Officer of Health