

Date (yyyy/mm/dd): _____

Facility Name and Site Address: _____

Phone # and Email Address: _____

Name of Supervisor: _____

Child's Legal Last Name:
Child's Legal First Name:
Date of Birth: yyyy / mm / dd <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O
Admit Date: _____ <input type="checkbox"/> Child Care Immunization History form and current copy of immunization record attached with admission
Discharge Date:

Child's Legal Last Name:
Child's Legal First Name:
Date of Birth: yyyy / mm / dd <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O
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Please forward to:
Simcoe Muskoka District Health Unit
Attention: VPD Child Care Surveillance
15 Sperling Drive, Barrie, ON L4M 6K9
 TEL: 705-721-7520 1-877-721-7520
 FAX: 705-721-1495

For Health Unit Use only: Date Received: _____ Date Entered: _____
 Panorama Cohort ID: _____ Entered by: _____