

Day Nursery Immunization History

FORM TO BE COMPLETED AT THE TIME OF REGISTRATION

Nursery School/Day Care operators are required by the *Day Nurseries Act, R.R.O. 1990 Reg. 262, s.33* to keep a record of immunization on each child enrolled in a program or the parent/guardians reason in writing as to why the child is not immunized. Please note that once your child attends school additional documentation is required under the *Immunization of School Pupils Act* if you choose not to immunize. Please contact the health unit to discuss your options.

Please complete the following section and attach a photocopy of your child's immunization record. A copy of this information will be given to and kept on file by the Simcoe Muskoka District Health Unit. Health unit staff will review immunization information on each child enrolled in a Nursery/Day Care program. If your child's immunization record is not complete you will be notified by the health unit.

Immunization records are NOT automatically provided by your doctor. Please call the health unit or complete the secure electronic form on our website at www.simcoemuskokahealth.org/immsonline when your child receives an immunization so that their immunization record can be updated in our database.

Student Information

Date: _____
yyyy / mm / dd

Child's Surname:	
Given Name:	
Date of Birth: yyyy / mm / dd	<input type="checkbox"/> M <input type="checkbox"/> F
Ontario Health Card Number:	
Parent / Guardian:	
Mailing Address:	
City:	Postal Code:
Phone (H):	Phone (W):
Current Preschool/Daycare:	
Previous Preschool/Daycare:	

Please attach a photocopy of your child's Immunization Record

Publicly Funded Routine Immunization Schedule for Ontario / Calendrier de vaccination systématique publique en Ontario												
	Diphtheria Diphtérie	Tetanus Tétanos	Pertussis Coqueluche	Polio Poliovirus	Hib	Pneumo conjugué Antipneumococonjugué	Measles Rougeole	Mumps Chéillons	Rubella Rubéole	MM, C, conjugué Morbilli, Coqueluche, conjugué	Varicella Varicelle	Hépatite B3 Hépatite B
2 mo.	✓	✓	✓	✓	✓	✓						
4 mo.	✓	✓	✓	✓	✓	✓						
6 mo.	✓	✓	✓	✓	✓	✓						
12 mo. ¹												
15 mo.												
18 mo.	✓	✓	✓	✓	✓	✓			✓			
4-6 yr/ans	✓			✓					✓			
12 yr/ans												✓
14-16 yr/ans ²	✓	✓	✓									
Every 10 yrs. thereafter/ Tous les 10 ans par la suite	✓	✓										

1. Must be after 1st birthday / Après le 1^{er} anniversaire impérativement.
2. dTap recommended / DcaT recommandé.
3. Hepatitis B immunization is based on two-dose schedule for Grade 7 Students (administered in schools)/La vaccination contre l'hépatite B est basée sur une posologie de deux doses pour les élèves de 7^e année (administrée dans les écoles).