

School Immunization History

FORM TO BE COMPLETED AT THE TIME OF REGISTRATION

The Simcoe Muskoka District Health Unit is required under the *Immunization of School Pupil's Act* (ISPA) to collect and maintain up-to-date records of immunization for every child registered in school in Simcoe County and the District of Muskoka. **The ISPA states that parents are required to provide the health unit with proof of completed immunization for measles, mumps, rubella, tetanus, diphtheria and polio or with the appropriate documentation if they choose not to have their child immunized: Statement of Medical Exemption (Form 1) or Statement of Conscience or Religious Belief Affidavit (Form 2).** Please contact the health unit for more information.

Please complete the following section at the time of school registration and attach a photocopy of your child's immunization record. The school will forward the completed form to the Simcoe Muskoka District Health Unit who will review the immunization information and maintain a record for each student. If your child's immunization is not complete, you will be notified by the health unit.

Immunization records and updates are *NOT* automatically provided by your doctor. When your child receives their next immunization(s), please call the health unit or complete the secure electronic form on our website at www.simcoemuskokahealth.org/immsonline to update their immunization record 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):
School that child is or will be attending:	
Previous School:	

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 / Poliomyélite	HiB	Preveno conjugata / Antipneumococonjugué	Measles / Rougeole	Mumps / Oreillons	Rubella / Rubéole	MM, C, Conjugata / Méasles, Coqueluche, Conjonctive	Naricella / Varicelle	Hepatitis B ³ / 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. If/Ag recommended. / Doit être 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).