



Immunization Information Form for children attending home child care

Please Print Clearly

| | |
|---|---|
| Child's Last Name: | Child's First Name: |
| Date of Birth: _____/_____/_____ dd mm yr | Boy <input type="checkbox"/> Girl <input type="checkbox"/> |
| Mother's Name: | Father's Name: |
| Home Address: | Home Address: |
| City: | City: |
| Postal Code: | Postal Code: |
| Home Phone: () - - - - | Home Phone: () - - - - |

| |
|--|
| <p>Significant Medical History</p> <p>Allergies - Drug, Bee Sting, Food, Environment, Animals Medications - Phenobarbital, Ritalin, etc. Diseases - Asthma, epilepsy, Diabetes, Communicable Diseases Problems - Vision, Hearing, Speech, other</p> <p>Please print name of country where immunization records are from:</p> |
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Immunization History:

- As **required** under the Child Care and Early Years Act, please **attach a photocopy** of your child's immunization record, with **all** immunization dates since birth (yellow card) to this **form and/or**, if your child is not Canadian born, a photocopy of their medical immunization history from their country of origin.
 The chart below shows the **required and recommended routine immunization** schedule for children in Ontario (this schedule may change if your child misses any of these immunizations). Carefully check the chart to make sure your child is up to date according to the schedule.
- For assistance regarding immunization information contact, Region of Waterloo Public Health at 519-883-2007, Option 6, TTY 519-575-4608.



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Publicly Funded Routine Immunization Schedule for Children Beginning Immunization in Infancy

| Age at Vaccination: Completed months and years | Diphtheria, Pertussis, Tetanus, Polio, Haemophilus Influenzae | Diphtheria, Pertussis, Tetanus, Polio | Pneumococcal Conjugate | Rotavirus | Meningococcal Conjugate | Measles Mumps Rubella (MMR) | Chickenpox (Varicella) | Measles, Mumps, Rubella, Chickenpox (MMRV) | Meningococcal Conjugate ACYW | Hepatitis B | HPV | Diphtheria, Tetanus, Pertussis | Seasonal Influenza |
|--|---|---------------------------------------|------------------------|-----------|-------------------------|-----------------------------|------------------------|--|------------------------------|-------------|-----|--------------------------------|--------------------|
| 2 months | X | | X | X | | | | | | | | | |
| 4 months | X | | X | X | | | | | | | | | |
| 6 months | X | | | | | | | | | | | | |
| 12 months | | | X | | X | X* | | | | | | | |
| 15 months | | | | | | | X | | | | | | |
| 18 months | X | | | | | | | | | | | | |
| 4-6 years | | X | | | | | | X | | | | | |
| every year (in autumn) | | | | | | | | | | | | | X |

*MMR = measles, mumps and rubella vaccine which must be given after the first birthday

**These vaccines are given in school.

All adults 19 to 64 years of age who did not receive the Tdap (Tetanus, Diphtheria, Pertusis) vaccine in adolescence are now eligible to receive **one lifetime** (publicly funded) dose of the vaccine.

This lifetime dose replaces one of the Td booster doses given every 10 years.

Adapted from Ontario Ministry of Health and Long-Term Care (2009). www.health.gov.on.ca/english/public/pub/immun/immunization.html

Parent/Guardian Signature: _____ Date: _____

*** Provide a Copy of this Form and Immunization to the Home Child Care Consultant.**

Notice of Purpose – Health Information Privacy

By completing this form you are consenting to the collection and use of your personal health information by Region of Waterloo Home Child Care. For further information please contact Public Health, Director of Central Resources at 519-883-2000, TTY 519-575-4608.