

## IMMUNIZATION PROGRAM – QUESTIONNAIRE

\* Please review both sides of this questionnaire before taking any action \*

Parent/Guardian: \_\_\_\_\_

Phone-Home: \_\_\_\_\_ Work: \_\_\_\_\_

To the Parent/Guardian of:

Ontario Health Card Number: \_\_\_\_\_

\_\_\_\_\_  
 (Name of Student)

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

(Class)

(Year/Month/Day)

\_\_\_\_\_  
 (Address)

School: \_\_\_\_\_

\_\_\_\_\_  
 (City / Province) (Postal Code)

No: \_\_\_\_\_ Student No: \_\_\_\_\_

Dear

**All name and address information is provided to York Region Health Services by your child's school. If the above information is incorrect, please contact your child's school to have the information corrected on the School Board's computer system.**

According to the *Immunization of School Pupils Act*, Public Health departments are required to have proof of immunization for all students under 18 years of age attending Ontario schools against **diphtheria, tetanus, polio, measles, mumps and rubella**. Immunization against measles, mumps and rubella must have been given after the 1st birthday.

**The recorded immunizations with York Region Public Health for this student are:**

Vaccine ▶	Diphtheria	Pertussis (Whooping Cough)	Tetanus	Polio – IPV (Salk)	Polio – OPV (Sabin)	Hib (Haemophilus)	Measles	Mumps	Rubella	Hepatitis B	Men C Conj.	Varicella	PneuC 7 Conj
Dates Given (yy/mm/dd)													

**NOTE:**  
 Update this record if it does not show **all** of your child's immunizations, **or** attach a copy of your child's complete immunization record.

**This record shows that we do not have dates for the following vaccines:**

Information on outstanding vaccines may be recorded below. If your child has not received these vaccinations, please make an appointment with your doctor and take this form and your child's immunization record with you to be updated.

VACCINE(S) GIVEN:	DATE GIVEN:	DOCTOR'S NAME AND TELEPHONE NUMBER:

**Return this form to:**

**Completion By:**

The information provided or attached to this form is being collected, and will be used by the local health unit for the purpose of the Medical Officer of Health maintaining an immunization record on the above named student and to take appropriate action to prevent certain vaccine preventable diseases in the health unit. This information may be disclosed to the Ministry or other health units for the purpose of the prevention of vaccine preventable diseases. For further details about this collection, you can contact the Director of the Infectious Diseases Control Division by calling (905) 830-4444, ext. 4120.



**Action Required:**

1. If this student has received additional vaccinations from what our records show, please update our records by either:
  - faxing a copy of the student's up-to-date immunization record to (905) 895-6066, or
  - mailing your updated questionnaire and a copy of the child's immunization record in the return envelope provided. Postage will need to be affixed. The updated questionnaire does not require a doctor's signature.
  - calling York Region Immunization Services at 1-877-794-1880 and select Option 1.
  
2. If your child is requiring immunization, please make an appointment with your family doctor to have this student immunized. Take this form and your child's immunization record with you so that the doctor can record the vaccines given. Once the doctor has updated the record, please inform Public Health Immunization through either a phone call, fax or using the return envelope provided as outlined above. The questionnaire does not require a doctor's signature.
  
3. Call York Region Immunization at 1-877-794-1880 and select Option 1 should:
  - this student need an exemption from immunization against any disease listed for medical, religious, or conscientious reasons, or
  - this student does not have an immunization record to date; or
  - you have any questions

The **parent/guardian** is solely responsible for providing Health Services with up-to-date immunization information for his/her child, including **vaccines and date given (year, month and day)**. York Region Health Services is required by law to review all students' immunization records each year. The original copy of your child's immunization record is an official document. York Region Public Health recommends that you retain it in your possession. Any new information should be provided on an **ongoing basis** to York Region Health Services by calling 1-877-794-1880 and select Option 1.

**ROUTINE IMMUNIZATION SCHEDULE, PROVINCE OF ONTARIO**

Age	Diphtheria	Pertussis	Tetanus	Polio	Hib	Measles	Mumps	Rubella
2 months	√	√	√	√	√			
4 months	√	√	√	√	√			
6 months	√	√	√	√	√			
> 12 months						√	√	√
18 months	√	√	√	√	√	√	√	√
4 - 6 years	√	√	√	√				
14 - 16 years (Due 10 years from previous booster)	√	√	√					
Every 10 years after	√		√					

**Note: 2 doses of measles vaccine are required – with 1<sup>st</sup> dose after the 1<sup>st</sup> birthday.**

Immunization Review Process

- **Questionnaire** – Each year, York Region Health Services reviews all students' immunization records and a questionnaire is sent home with students when information is required. The completed questionnaire should be returned directly to York Region Health Services.
- **Suspension Order** – A few weeks later, if no response or inadequate information is provided, a Suspension Order is mailed home to parents indicating the date the student will be suspended from school.
- **Suspension** – After a further 3-4 weeks from the original date of the Suspension Order, if no response or inadequate information is provided, the child may be suspended from school until adequate proof of immunization is provided.

**If at any time you have questions or wish to update immunization information for your child, please call Immunization Services at 1-877-794-1880 and select Option 1 or visit our website at [www.york.ca/immunization](http://www.york.ca/immunization)**