



East York Civic Centre  
 850 Coxwell Avenue  
 Toronto, Ontario  
 M4C 5R1  
 Tel: 416-392-1250  
 Fax: 416-338-2487

# Request for Immunization Information for New Students

To Parents/Guardians:

It is the law in Ontario for all students under the age of 18 to be immunized against certain infectious diseases. As a new student, proof of immunization against **Diphtheria, Tetanus, Polio, Measles, Mumps and Rubella** must be provided to Public Health.

Please complete the information section below or attach a copy of your child's immunization record. The immunization record should be available from your doctor. Then return this form to your child's school office within two weeks. Detailed instructions are on the back of this form. If you require further information, call the Toronto Public Health Immunization Infoline at **416-392-1250**.

**IT IS IMPORTANT TO COMPLETE THIS INFORMATION IN FULL:** DATE: \_\_\_\_\_

Student Surname: \_\_\_\_\_ Student Given Name: \_\_\_\_\_

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

Home Address: \_\_\_\_\_  
NUMBER STREET NAME UNIT # CITY POSTAL CODE

Date of Birth \_\_\_\_\_ Sex  M  F (CIRCLE ONE)

Parent/Guardian Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
SURNAME GIVEN NAME HOME BUSINESS

ENTER STUDENT'S ONTARIO HEALTH CARD NUMBER HERE 

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Doctor's Name \_\_\_\_\_ Doctor's Telephone Number \_\_\_\_\_

PLEASE ATTACH A COPY OF YOUR CHILD'S IMMUNIZATION RECORD OR COMPLETE THE SECTION BELOW

Vaccine	Diphtheria	Pertussis*	Tetanus*	Polio**	Measles***	Mumps	Rubella*	Haemophilus B (HIB)	Hepatitis B	TB Skin Test Results	BCG	Comments, other immunizations or tests
Dates Given (yy/mm/dd)												

- \*\*NOTE: If oral polio vaccine was given, indicate with an "O".
- \*Pertussis – Whooping Cough
  - \*Tetanus – Lockjaw
  - \*Rubella – German Measles
  - \*\*\*Measles: 2 doses required: • 1st Dose after 1st Birthday
  - 2nd Dose between 4 – 6 years of age.

The personal information on this form is collected under the City of Toronto Act, 1997 (No. 1 & 2), s.46, By-law No. 110-1998, the Health Protection and Promotion Act, R.S.O. 1990, c.H.7, s.4 and 5 and the Immunization of School Pupils Act, R.S.O. 1990, c.I.1, s.3. This information is collected for the purpose of maintaining an immunization record of this student and to take appropriate action to prevent certain vaccine preventable diseases. If you have questions about this collection, please call 392-1250.