Day Care Entry Immunization Form

The Thunder Bay District Health Unit is required by law to keep an immunization record on every child attending day care.

It is the responsibility of the parent/guardian to provide the Health Unit with an immunization record. Physicians, clinics and other health care providers do not forward any records to the Health Unit.

If an exemption for a vaccine(s) is required for medical, religious or conscientious reasons or if you have any questions about this form call 625-8810 Toll-free 1-888-294-6630 or visit TBDHU.COM.

PLEASE COMPLETE THE FOLLOWING:

Child's Last Name _____ First Name _____

Date of Birth (YY/MM/DD) _____ Male ☐ Female ☐

Has your child ever had a different last name(s)? If "Yes" Name _____

Address _____ Postal Code _____

Parent/Guardian Name _____

Phone (home) _____ (daytime) _____

Doctor's Name _____ Day Care Name(s) _____

Attach a photocopy or complete the card below or enter your child's immunization record @ www.updatevaccinerecord.com.

Date			**Diptheria** Diphtérie	**Tetanus** Tétanos	**Pertussis** Coqueluche	**Polio - IPV** Poliomyélite - VPI	**Polio - OPV** Poliomyélite - VPO	**Hib**	**Pneumo-conjugate-13** Antipneumoc. conjugué-13	**Rotavirus** Rotavirus	**Measles** Rougeole	**Mumps** Oreillons	**Rubella** Rubéole	**Men conjugate-C** Vaccin conjugué contre le méningocoque-C	**Men conjugate-ACYW** Vaccin conjugué contre le méningocoque-ACYW	**Varicella** Varicelle	**Hépatitis B** Hépatite B	**Human Papillomavirus** Virus du papillome humain	**Pneumo-poly** Antipneumoc. poly
Year	Month	Day																	

PLEASE RETURN THIS FORM TO YOUR CHILD'S DAY CARE

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Personal information on this form is collected under the authority of the *Health Protection and Promotion Act, R.S.O. 1990,* as amended and in accordance with the *Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 and the Personal Health Information Protection Act, 2004.* This information will be used to maintain an immunization record. For questions regarding the collection of your personal information, please contact the Thunder Bay District Health Unit, 999 Balmoral Street, Thunder Bay, ON P7B 6E7. Telephone (807) 625-5900.

Thunder Bay District Health Unit