



## Immunization Information

Children attending licensed child care facilities in Ontario must be immunized as required by the *Day Nurseries Act*. Please refer to the *Ontario Vaccine Requirements* sheet to ensure that your child's immunization is up-to-date for his or her age. Parents/guardians must provide a valid exemption for children who are not immunized.

Ottawa Public Health must collect and maintain immunization information. The information is periodically reviewed to ensure that children continue to meet the requirements of the law.

**Please inform your child care provider and Ottawa Public Health every time your child receives a vaccine.**

If an exemption is required for any reason, contact Ottawa Public Health at 613-580-6744.

**Complete this form and attach a photocopy of your child's immunization record or the exemption form.**

### Child information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Other Name: \_\_\_\_\_

Gender: Male  Female  Other:  Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (YYYY/MM/DD)

Ontario Health Card Number (optional): \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Name of Child Care Facility: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Parent/Guardian information** Preferred Language: English  French  Other: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt./unit: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel. (daytime): \_\_\_\_\_ Tel. (evening): \_\_\_\_\_ Cell: \_\_\_\_\_

**Parent/Guardian information** Preferred Language: English  French  Other: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address (If **different** from above): \_\_\_\_\_ Apt./unit: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel. (daytime): \_\_\_\_\_ Tel. (evening): \_\_\_\_\_ Cell: \_\_\_\_\_

**Parent/Guardian information (Other)** Preferred Language: English  French  Other: \_\_\_\_\_

**Other** Last Name: \_\_\_\_\_ **Other** First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt./unit: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Relationship: \_\_\_\_\_

Tel. (daytime): \_\_\_\_\_ Tel. (evening): \_\_\_\_\_ Cell: \_\_\_\_\_

For more information, or to update your child's immunization record, contact:

**Ottawa Public Health, Vaccine Preventable Diseases Program**  
**100 Constellation Drive, 7<sup>th</sup> Floor West, Ottawa, ON K2G 6J8**  
**Telephone: 613-580-6744, ext. 24108 Fax: 613-580-9660**  
**E-mail: [Immunization@ottawa.ca](mailto:Immunization@ottawa.ca) Web: [ottawa.ca/health](http://ottawa.ca/health)**

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Personal health information is collected under the authority of section 33 of Regulation 262 under the *Day Nurseries Act* and section 5 of the *Health Protection and Promotion Act* and will be used by Ottawa Public Health to maintain an immunization record for your child and to take appropriate action to prevent vaccine preventable diseases. Questions regarding the collection and use of personal health information may be directed to the Supervisor, Vaccine Preventable Diseases Program, Ottawa Public Health by mail at 100 Constellation Drive, Ottawa, ON K2G 6J8, by telephone at 613-580-6744, or by e-mail at [Immunization@ottawa.ca](mailto:Immunization@ottawa.ca).