

Vaccine Program P.O. Box 897 Hamilton, ON L8N 3P6

Phone: 905-540-5250

Email: vaccinerecords@hamilton.ca

www.hamilton.ca/vaccines

Complete this form and return it to the child care centre. (See back of form for more information.)

VACCINE HISTORY FOR LICENSED CHILD CARE CENTRE																				
Child's Family/Last Name							Child's First Name(s)								☐ Male ☐ Female ☐ Other					
Has there been a change in the child's family/last name? □ No □ Yes, other Family/Last Name:																				
Date of Birth year month day						C	Child Care Centre													
					,	Н	Health Card Number (If applicable):													
							CC	NT	ACT	INFO	RMA	TION								
☐Mr ☐Mrs ☐Ms ☐Miss ☐Other ☐										□Mother □Father □Guardian □Other										
Parent/G	Parent/Guardian Family/Last Name if different than above Parent/Guardian First Name(s)																			
Address									City	City Postal				al Code	Code					
Home Phone Work Phone									Language Country o					ntry of C	Origin					
Email Address								Fam	ily Doct	or Name	and Ph	one Nui	mber							
VACCINE RECORD																				
Write your child's vaccination dates and check ✓ the vaccines given or attach a copy of the record.																				
						is gi by ne or	P= Polio s given needle or by mouth				ococcal C					s, mumps,	Vaccines given in Grade 7 in Ontario			
Year	Month	Day	D= Diphtheria	T = Tetanus	aP= Pertussis	IPV= needle	OPV = mouth	Hib= Haemophilus	Pneumococcal	Rot= Rotavirus	Men-C-C= Meningococcal	M= Measles	M = Mumps	R= Rubella	Var= Varicella	MMRV= measles, rubella, varicella	Men-C-ACWY= Meningococcal ACYW	HB= Hepatitis B	HPV= Human Papillomavirus	Other
COLLECTION AND USE OF PERS We are allowed by law to collect what you write on this form. Health Protection and Promotion Act Personal Health Information Protection Act The information will be used for the purposes of keeping your vaccine records up to date, meeting Child Care and Early Years Act legislation, and the collection of statistics.								ig nd	If you have questions about the collection of your information, contact: Vaccine Program Records Phone: 905-540-5250 Email: vaccinerecords@hamilton.ca Visit www.hamilton.ca/phsprivacy to learn more.											
Parent or Guardian Signature:									Date:											

IMPORTANT

By law, child care centre operators must:

- Ensure each child has recommended vaccines before being admitted
- Keep an up-to-date vaccine record for each child, record of valid medical exemption or legal statement of religion or conscientious objection.
- Provide copies to the Medical Officer of Health
 (Child Care and Early Years Act, 2014, S.O. 2014, c.11, Sched. 1)

PUBLICLY FUNDED IMMUNIZATION ROUTINE SCHEDULE FOR ONTARIO – June 2022												
Age at vaccination	DTaP-IPV-Hib	Pneu-C-15	Rot-1	Men-C-C	MMR	Var	MMRV	Tdap-IPV				
2 months	✓	✓	✓									
4 months	✓	✓	✓									
6 months	✓											
12 months (after first birthday)		✓		✓	✓							
15 months						✓						
18 months	✓											
4 - 6 years							✓	√				

EXEMPTIONS

Parents who choose not to provide up-to-date vaccination records must complete a legal statement. If you have strong beliefs against getting vaccines, you can visit our website for instructions on how to obtain an exemption. There are some children who cannot get a vaccine for medical reasons. A doctor can fill out a medical exemption for them. Instructions, legal forms and conditions are posted under Vaccines and the Law at hamilton.ca/public-health/health-topics/vaccines-and-law.

Please complete this form and return it to the child care centre.

- The licensed child care centre will give a copy to Public Health Services.
- Please allow up to 30 business days for your information to be uploaded to Public Health's database.

Note:

- Keep a copy of this vaccine record for future use (e.g. entry to summer camp, college or university, volunteer work)
- You may access your child's vaccination records with Public Health by visiting https://hph.icon.ehealthontario.ca/#!/welcome or by scanning QR code below:

