TORONTO Public Health

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

Request for Immunization Information for Registrants to Licensed Child Care Programs

To Parents/Guardians:

Please complete the information below or attach a copy of your child's immunization record. You can get your child's immunization record from your doctor. Please return this form to the child care facility 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:** _____

Child Care Facility: _____

Child's Surname: _____ **Child's Given Name:** _____

Date of Birth: _____ **Sex:** **Male** **Female** (CIRCLE ONE)
(yyyy) (mm) (dd)

Home Address: _____
NUMBER STREET NAME UNIT # CITY POSTAL CODE

Parent/Guardian Name: _____
(STATE: MOTHER OR FATHER) SURNAME GIVEN NAME

Telephone Number: ( ) _____ - _____ ( ) _____ - _____
HOME BUSINESS

Doctor's Name: _____ **Doctor's Phone Number:** ( ) _____ - _____

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

Vaccine / Dates Given (yy/mm/dd)	Diphtheria	Pertussis (Whooping Cough)	Tetanus (Lockjaw)	Polio*	Haemophilus B (HIB)	Measles	Mumps	Rubella (German Measles)	Varicella (Chickenpox)**	Pneumococcal**	Meningococcal C**	Hepatitis B**	TB Skin Test Results**	BCG**	Comments, other immunizations or tests

NOTE: *Polio: If oral polio vaccine was given, indicate with an "O". ** Not Mandatory

The personal health information on this form is used by Toronto Public Health for the purpose of maintaining an immunization record for children attending Licensed Child Care Programs and for taking appropriate action to prevent certain vaccine preventable diseases. For information on the way we protect confidentiality of health information, please visit our web site at www.toronto.ca/health.

Please see other side