

REGION OF WATERLOO PUBLIC HEALTH

Immunization Information Form for new registrants attending a child care centre in Waterloo Region

FORM

The Child Care and Early Years Act requires all infants and children attending a child care centre be fully immunized as recommended by the Medical Officer of Health. In Waterloo Region this includes: Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, Haemophilus influenzae type B, Varicella (chickenpox), meningococcal disease and pneumococcal disease.

Please complete this form and attach the appropriate immunization record to provide your child care centre and

hild's Last Name:	Child's First Name:				
Date of birth: (year/month/day)	Gender: □ M □ F □ Other:				
Name of Parent/Guardian A :	Name of Parent/Guardian B:				
☐ Mother ☐ Father ☐ Guardian	☐ Mother ☐ Father ☐ Guardian				
Child's Primary Address:	City:				
Postal Code:	Home Phone:				
Child Care Centre:					
School currently attending (if applicable):					
Please print the name of country where the immuniza	tion records are from:				
nmunization History					

The chart on the reverse side of this page shows the full publicly funded routine immunization schedule for children (up to four to six years) in Ontario. Please review the chart to make sure your child is up-to-date according to the schedule. If you require assistance with reading the chart or your immunization record please speak with your health care provider or contact Region of Waterloo Public Health at 519-575-4400.

For information about Public Health's privacy practices please visit
http://chd.region.waterloo.on.ca/en/personalhealthprivacy.asp? mid =23925 or call 519-575-4400 ext. 5861

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Parent/Guardian Signature:	Date:	



Ontario Publicly Funded Immunization Schedule for Starting Immunization in Infancy

Vaccine	2 months	4 months	6 months	12 months	15 months	18 months	4 to 6 years**
DTaP-IPV-Hib* Diphtheria*, Tetanus*, Pertussis*, Polio*, Haemophilus influenzae B*	Х	X	Х			x	
Pneu-C-13* Pneumococcal Conjugate 13*	x	х		Х			-
Rot-1 Rotavirus	X.	х					
Men-C-C* ^ Meningococcal Conjugate C*				х			
MMR* ^ Measles*, Mumps*, Rubella*				Х			
Var* Varicella (Chicken pox)* (required if no history of having chicken-pox disease)		r			х		
MMRV* Measles*, Mumps*, Rubella*, Varicella*							Х
Tdap-IPV* Tetanus*, Diphtheria*, Pertussis*, Polio*							X

^{*} Indicates required vaccine for entry into a child care centre

Adapted from Ontario Ministry of Health and Long-Term Care (2016) http://www.health.gov.on.ca/en/pro/programs/immunization/docs/immunization-schedule.pdf

[^] MMR and Men-C-C vaccine must be given on or after the first birthday

^{**} Preferably given at four years of age