

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)		<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Other				
Has there been a change in the child's family/last name? <input type="checkbox"/> No <input type="checkbox"/> Yes, other Family/Last Name:				
Date of Birth			Child Care Centre	
year	month	day		

CONTACT INFORMATION

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other		
Parent/Guardian Family/Last Name if different than above		Parent/Guardian First Name(s)		
Address		City	Postal Code	
Home Phone () ()	Work Phone () ()	Language	Country of Origin	
Email Address		Family Doctor Name and Phone Number		

VACCINE RECORD

Write your child's vaccination dates and check ✓ the vaccines given or attach a copy of the record.

Year	Month	Day	D= Diphtheria	T= Tetanus	aP= Pertussis	P= Polio is given by needle or by mouth		Hib= Haemophilus b	Pneumococcal	Rot= Rotavirus	Men-C-C= Meningococcal C	M= Measles	M= Mumps	R= Rubella	Var= Varicella	MMRV= measles, mumps, rubella, varicella	Vaccines given in Grade 7 in Ontario			Other	
						IPV= needle	OPV= mouth										Men-C-ACYW= Meningococcal	HB= Hepatitis B	HPV= Human Papillomavirus		

COLLECTION AND USE OF PERSONAL HEALTH INFORMATION

<p>We are allowed by law to collect what you write on this form.</p> <ul style="list-style-type: none"> Health Protection and Promotion Act Personal Health Information Protection Act <p>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.</p>	<p>If you have questions about the collection of your information, contact: Vaccine Program Records Phone: 905-540-5250 Email: vaccinerecords@hamilton.ca</p> <p>Visit www.hamilton.ca/phsprivacy to learn more.</p>
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Parent or Guardian Signature:	Date:
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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 or a legal statement from a parent or medical practitioner as to why the child should not receive vaccines
- 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-13	Rot-5	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 vaccinate 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)
- This form is for child care centres and only for new registrations. Report future updates to your child's vaccine records to Public Health online: <https://hph.icon.ehealthontario.ca/#!/welcome> (after up to 30 days from your date of submission to the child care centre).

If you have any questions, please call the Vaccine Program at 905-540-5250.

Sincerely,

Michael Bush, MSc, PMP
Manager, Vaccine Program