



Statement of Immunization For Entry Into Child Care

According to the Day Nurseries Act every operator shall ensure that before a child is admitted to a Licensed Child Care Program the child is immunized as required by the Medical Officer of Health. The vaccines required are diphtheria, tetanus, polio, haemophilus B, measles, mumps, rubella. These requirements may be removed if you object to immunization for medical, conscience or religious reasons. The necessary exemption form can be obtained from the Health Department.

Child Care Program: _____

Child's Name: _____
 (last name) (first name)

Sex: F ___ M ___ Birth Date: ___ ___ ___
 yr m day

Address: _____
 Street City/Town Postal Code

Parent/Guardian: _____ Home # _____ Work# _____

Family Doctor and telephone number & address: _____

* required for day care/nursery school attendance

Vaccine	Diphtheria *	Pertussis * (Whooping Cough)	Tetanus *	Polio - IPV or OPV *	Hib(haemophilus influenza type B) *	Measles *	Mumps *	Rubella *	Prevnar	Meningococcal - C	Hepatitis B	Varicella (chickenpox)
Dates Given (yy/mm/dd)												

Personal information on this form is collected pursuant to section 33 (1) of the *Day Nurseries Act*, R.R.O. 1990, Reg. 262, and in accordance with the *Personal Health Information Protection Act, 2004*, S.O. 2004,c.3, and will be used to determine adequate immunization status of the named child. Questions regarding the collection of personal information should be addressed to the Freedom of Information and Privacy Coordinator, Region of Halton, 1151 Bronte Rd., Oakville, ON L6M 3L1, 905-825-6000.