

Request for Immunization Information
For Children in Schools or Child Care Centres
(CONFIDENTIAL when Completed)



Immunization is the best way to protect your child from vaccine preventable diseases. **Please complete this form and ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD.** Please ensure that the name and birthdate of the child is also included on the immunization record. This information can be returned by:

- ✓ Fax: 705-743-2897
- ✓ Mail: Peterborough Public Health, 185 King Street, Peterborough, Ontario K9J2R8
- ✓ Phone: 705-743-1000, ext. 139
- ✓ Or immunization information can be entered on line at www.peterboroughpublichealth.ca and search 'update immunization record'

Under the Immunization of School Pupils Act and the Child Care and Early Years Act, Public Health ensures that all children in the Peterborough County and City have adequate immunization against tetanus, diphtheria, polio, measles, mumps, rubella, meningococcal disease, pertussis (whooping cough), and varicella (chicken pox). A valid exemption is needed for those who choose not to immunize. (NOTE: For children in Child Care Centres, you may have to provide an additional copy of your immunization information directly to the Centre.)

It is up to the parent/guardian to provide proof of the child's immunization to Public Health, as the Acts do not give permission to healthcare providers to release this information. If you have any questions, please call a Vaccine Preventable Disease Program Nurse at 705-743-1000, ext. 139.

Child's Last Name:		Child's First Name:	
Other First Names Used:		Other Last Names Used:	
Birthdate (YYYY/MM/DD):			Gender:
Name of School or Child Care Centre:			
Ontario Health Card Number:			
Address:			
City:		Postal Code:	
Contact - Phone Number(s)			
Contact - Email			
Name and phone number of healthcare provider who could provide clarification of immunization information if needed			
Parent/Guardian Full Name			
Parent/Guardian Signature			
Date (YYYY/MM/DD):			
Please check one of the following below:			
<input type="checkbox"/> Vaccination record is attached			
<input type="checkbox"/> I will call my healthcare provider obtain this information and send it to Peterborough Public Health			
<input type="checkbox"/> No vaccine record attached to this form ⇒ Reason:			

This information is collected and used by Public Health programs under the authority of Sections 2 and 5 of the Health Protection and Promotion Act and Ontario Reg. 585/94 under the Health Cards and Numbers Control Act 1991, and Section 11 under the Immunization of School Pupils Act, R.S.O. 1990 and the Child Care and Early Years Act, S.O. 2014. For further details regarding the collection, contact Peterborough Public Health at 705-743-1000.