

**HEALTH UNIT
VACCINE PREVENTABLE DISEASE
FOR CHILDREN IN CHILD CARE CENTRES**

Name of Child: _____ Male Female

Date of Birth: _____ (year, month, day) Ontario Health Card Number: _____

Address: _____

Child Care Centre Attending: _____

Parent/Guardian Name: _____ Telephone: (____) _____

Please complete the box below and give a copy to your child care operator and the Health Unit.

In London, this form may be sent to the Health Unit by phone (519-663-5317, ext 2330), mail (50 King Street, London, N6A 5L7), fax (519-663-8241) or e-mail (shots@mlhu.on.ca).

You can also attach a copy of your child's yellow immunization record to this form. Your doctor or nurse must complete the yellow immunization record every time a vaccine is given and you must keep this yellow record. If your child receives more vaccines, please send the name and date of the vaccination to the Health Unit.

<i>Dates Given</i> (yyyy/mm/dd)	Diphtheria	Pertussis (whooping Cough)	Tetanus	Polio – IPV (Salk) by needle	Polio – OPV (Sabin) by mouth	Hib (<i>Haemophilus influenzae</i> type b)	Measles	Mumps	Rubella (German Measles)	Hepatitis B	TB Skin Test	BCG	Chickenpox Varicella	Meningococcal C-Conjugate	Prevnar Pneumococcal	
<i>Example 2006 Jan 1</i>	✓	✓	✓	✓		✓										✓

I am aware that personal health information collected on this form may be released, when requested, to my physician, other Health Units, a hospital, youth centers, and or the Children's Aid Society to ensure vaccines are administered at the appropriate intervals and/or to prevent duplicate vaccinations.

I consent to the Ontario Health Card Number (OHCN) recorded on this form being stored at my child's day care.

Signature: _____ **Date:** _____

Print Name: _____

Personal information is collected under the authority of the Health Protection and Promotion Act R.S.O. 1990 (as amended), the Immunization of School Pupils Act, 1990, s.8 (as amended) and the Day Nurseries Act, R.S.O. 1990 (as amended) and is used to maintain an immunization record on your child and take appropriate action to prevent certain vaccine preventable diseases. The immunization information is also used to monitor immunization status in the community. Should you have questions about the collection and maintenance of this information, please contact Dr. Bryna Warshawsky at 519-663-5317 ext. 2330.

Child's Medical Information

Communicable Disease History (Dates)

Red Measles: _____

Chicken Pox: _____

German Measles: _____

Mumps: _____

Scarlet Fever: _____

Whooping Cough: _____

Other: _____

Other: _____

General

Is there anything else we should be aware of regarding your child's health or medical history? Does your child have now (or has your child ever had) any medical problems of which we should be aware?

Immunization History

Child care providers are required to collect and submit to their local Health Unit information on the immunizations of all children registered in the Centre. This Immunization History is collected on the following page, which in turn is provided to the Local Health Unit. Please note that it is the parent's responsibility to provide this information to the child care agency and to keep it updated on a regular basis. Failure to do so could result in access to the child care space being suspended or terminated.