

**Request for Immunization Information
For Children in Schools or Day Nurseries
(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 to the Peterborough County-City Health Unit by:

- Fax (705)743-2897
- Mail: Peterborough County-City Health Unit, 10 Hospital Drive, Peterborough, K9J 8M1
- Phone: (705)743-1000

Under the Immunization of School Pupils Act and the Day Nurseries Act, the Health Unit 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 Day Nurseries, you may have to provide an additional copy of your immunization information directly to the Day Nursery.)

It is up to the parent/guardian to provide proof of the child’s immunization to the Health Unit, as the Acts do not require family doctors or nurse practitioners to provide this information. For more information or if you have any questions, please call a Vaccine Preventable Disease Program Nurse at (705)743-1000 Ext. 281

Child’s Last Name	
Child’s First Name	
Other First Names Used	
Other Last Names Used	
Birthdate (YYYY/MM/DD)	
Gender	
School or Day Nursery	
Ontario Health Card Number	
Address	
City	
Postal Code	
Contact--Phone Number(s)	
Contact--Email	
Parent/Guardian Full Name	
Parent/Guardian Signature	
Date (YYY/MM/DD)	

Please check one of the following below:
 Vaccination record is attached
 I will call my health care provider obtain this information and send it to the Health Unit
 No vaccine record attached to this form → Reason: