

**Immunization Questionnaire
for Child Care**
(to be completed and assessed by THU prior to admission)

Child Care No:
(Office use only)

In order for your child to **start** child care, we must assess your child’s immunization records and ensure they are up to date. Please complete the information listed below. If vaccines have been received with your Health Care Provider, ensure you have a current record from them **prior** to your assessment with THU because we do not receive this information automatically. **This must be done before your child can attend.** When your child’s record is complete, THU will Notify the Child Care for admission and updates will be shared with them as needed to maintain this record.

If your child is unable to be vaccinated for medical reasons, please have a [Statement of Medical Exemption for Child](#) completed by your health care provider. If you object to having your child immunized due to conflicts with your religion or conscience, please complete the [Statement of Conscience or Religious Belief for Child](#). Forms are available at your Child Care, Health Unit or online. Submit all forms to the Timiskaming Health Unit.

Please complete this form and return to the Child Care Operator with a copy of your child’s immunization record:

Child’s Surname : <i>(As per Health Card)</i>		Child’s First Name : <i>(As per Health Card)</i>	
Date of Birth: YYYY/MM/DD	Male Female Other	Health Card Number:	
Part of multiple birth? Yes No			
Home Street Address: Town/City: Home Mailing Address: Postal Code:			
Name of Child Care Centre this is being completed for:		Starting date (Approx) YYYY/MM/DD:	
Location/Site of Child Care:		If currently attending a Child Care, will your child be continuing at both? Yes No If “Yes” Name of Child Care:	
Health Care Provider:		Health Unit:	
Are there current exemptions for vaccines? Yes No If yes, please provide the original exemption form to the Timiskaming Health Unit.			
History of chickenpox infection? Yes No If yes, have a Statement of Medical Exemption completed . <i>If your child had chickenpox <u>before</u> 1 year of age, 2 doses of varicella vaccine are required.</i>			
Parent/Guardian’s name (Primary) (Printed):		Parent/Guardian’s name (Secondary) (Printed):	
Tel # (Home):	Cell #:	Preferred Tel #:	
Email:		Email:	
Parent completing the Form:		Date Submitted YYYY/MM/DD:	

Please refer to the attached information for a routine immunization schedule and answers to common immunization questions. If you require further information, please contact your local Health Unit Office.

New Liskeard	Unit 43, 247 Whitewood Ave.	705-647-4305	(1-866-747-4305)
Englehart	81 Fifth St.	705-544-2221	(1-877-544-2221)
Kirkland Lake	31 Station Rd. N.	705-567-9355	(1-866-967-9355)

This information is collected under the authority of, the Health Protection and Promotion Act and the Ontario Public Health Standards. For more details regarding collection of personal information, contact the Timiskaming Health Unit’s Privacy Officer.