

Immunization Questionnaire

for Child Care

Child Care No: (Office use only)

(to be completed and assessed by THU prior to admission)

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, it will be forwarded to 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 <u>Legal</u> Surname:			Child's First Name:	
Date of Birth: YR	MM DD	Male 🗌 Female	Other	HCN#:
Part of multiple birth? Yes 🗌 No 🗌			Place of birth:	
If yes, birth order: 1^{st} 2^{nd}			Province: Town/City:	
Home Street Address:			Home Mailing Address:	
Town/City:			Postal Code:	
Name of Child Care this is being completed for:			Starting date (Approx):	
Name and Location of School / Child Care:			If currently attending a Child Care, will your child be	
			continuing at both? Yes 🗌 No 🗌	
previous / current				
Immunization given at: Doctor's name:			Health Unit:	
Are there current exemptions for vaccines? Yes No				
If yes, please provide the original exemption to the Timiskaming Health Unit.				
History of chickenpox infection? Yes 🗌 No 🗌 If yes, have a Statement of Medical Exemption completed.				
If your child had chickenpox before 1 year of age, 2 doses of varicella vaccine are still recommended.				
Parent/Guardian's name (Printed):			Parent/Guardian's name (Printed):	
Telephone # (Home): Cell #:		Cell #:		Work #:
Preferred contact person to be used for completion of this admission: Name: Telephone #				
Parent completing the Form:			Date Submitted:	
			Date Submitted.	
Please refer to the attached information for a routine immunization schedule and answers to common immunization questions. If you require				
further information, please	•	alth Unit Office. 247 Whitewood Ave.	705-647-430)5 (1-866-747-4305)
Engle			705-544-222	
-		on Rd. N.	705-567-935	

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.