



# Request for Immunization Information for New Registrants of Day Nurseries

To Parents/Guardians:

Please complete the information below or attach a copy of your child's immunization record. You can get your child's immunization record from your doctor. Please return this form to the Licensed Child Care Provider within two weeks. Detailed instructions are on the back of this form. If you require further information, call the Toronto Public Health Immunization Information Line at 416-392-1250.

**IT IS IMPORTANT TO COMPLETE THIS INFORMATION IN FULL (PLEASE PRINT CLEARLY):**

Facility Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
SURNAME MIDDLE NAME FIRST NAME

Date of Birth: \_\_\_\_\_ Gender: Male Female (CIRCLE ONE)  
(yyyy/mm/dd)

ONTARIO HEALTH CARD NUMBER [ ]

Home Address: \_\_\_\_\_  
NUMBER STREET NAME UNIT # CITY POSTAL CODE

Parent/Guardian Name: \_\_\_\_\_  
SURNAME GIVEN NAME

Telephone Number: \_\_\_\_\_  
HOME BUSINESS

Doctor's Name: \_\_\_\_\_ Doctor's Telephone Number: \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR CHILD'S IMMUNIZATION RECORD OR COMPLETE THE SECTION BELOW**

Vaccine	Diphtheria	Tetanus	Pertussis (Whooping Cough)	Polio	Haemophilus B (HIB)	Pneumococcal	Rotavirus	Measles	Mumps	Rubella (German Measles)	Meningococcal	Varicella (Chickenpox)	Hepatitis B	BCG	Other immunizations, tests results or comments
Dates Given (yy/mm/dd)															

Personal health information on this form is collected under the authority of the Health Protection and Promotion Act, R.S.O. 1990, c. H. 7. It is used for the Toronto Public Health Vaccine Preventable Diseases Program. The confidentiality of this information is protected. For more information, visit our Privacy Statement at [www.toronto.ca/health/information\\_practice\\_statement.htm](http://www.toronto.ca/health/information_practice_statement.htm) or contact Manager, Vaccine Preventable Diseases - 850 Coxwell Avenue, Toronto, ON, M4C 5R1 or by telephone: 416-392-1250.

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