

**Request for Immunization Information  
For Children in Schools or Child Care Centres  
(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 by:

- Fax (705)743-2897
- Mail: Peterborough Public Health, 185 King Street, Peterborough, Ontario, K9J2R8
- Phone: (705)743-1000, ext. 139

Under the Immunization of School Pupils Act and the Child Care and Early Years Act, Public Health 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 Child Care Centres, you may have to provide an additional copy of your immunization information directly to the Centre.)

It is up to the parent/guardian to provide proof of the child's immunization to Public Health, as the Acts do not give permission to health care providers to release this information. If you have any questions, please call a Vaccine Preventable Disease Program Nurse at (705)743-1000 ext. 131.

Child's Last Name	
Child's First Name	
Other First Names Used	
Other Last Names Used	
Birthdate (YYYY/MM/DD)	
Gender	
Name of School or Day Nursery	
Ontario Health Card Number	
Address	
City	
Postal Code	
Contact--Phone Number(s)	
Contact--Email	
Name and phone number of health care provider who could provide clarification of immunization information if needed	
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: