



**MIDDLESEX-LONDON HEALTH UNIT  
VACCINE PREVENTABLE DISEASE  
FOR CHILDREN IN CHILD CARE CENTRES**



Name of Child: \_\_\_\_\_ Male  Female   
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (year, month, day) Ontario Health Card Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Child Care Centre Attending: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

**Please complete the box below and give a copy to your child care operator.**

You may send this information to the Health Unit by phone (519-663-5317, ext. 2330), mail (50 King Street, London, N6A 5L7), fax to 519-663-0416, e-mail (shots@mlhu.on.ca), or the MLHU web-site @www.healthunit.com/immunization.

You can also attach a copy of your child's yellow immunization record to this form. Your doctor or nurse must complete the yellow immunization record every time a vaccine is given and you must keep this yellow record. If your child receives more vaccines, please send the name and date of the vaccination to the Health Unit.

Dates Given (yyyy/mm/dd)	Diphtheria	(whooping Cough) Pertussis	Tetanus	(Salk) by needle Polio – IPV	(Sabin) by mouth Polio – OPV	Hib ( <i>Haemophilus influenzae</i> type b)	Measles	Mumps	(German Measles) Rubella	Hepatitis B	TB Skin Test	BCG	Varicella Chickenpox	C-Conjugate Meningococcal	Pneumococcal Prevnar
Example 2006 Jan 1	✓	✓	✓	✓		✓									✓

I am aware that personal health information collected on this form may be released, when requested, to my physician, other Health Units, a hospital, youth centers, and or the Children's Aid Society to ensure vaccines are administered at the appropriate intervals and/or to prevent duplicate vaccinations.

I consent to the Ontario Health Card Number (OHCN) recorded on this form being stored at my child's day care.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**If your child receives any further vaccinations OR if you have any questions, please contact the Vaccine Preventable Disease Program at 519-663-5317 ext. 2330.**

Personal information is collected under the authority of the Health Protection and Promotion Act R.S.O. 1990 (as amended), the Immunization of School Pupils Act, 1990, s.8 (as amended) and the Day Nurseries Act, R.S.O. 1990 (as amended) and is used to maintain an immunization record on your child and take appropriate action to prevent certain vaccine preventable diseases. The immunization information is also used to monitor immunization status in the community. Should you have questions about the collection and maintenance of this information, please contact Dr. Bryna Warshawsky at 519-663-5317 ext. 2330.