



School Vaccine History

IMPORTANT INSTRUCTIONS

Complete this form and return it to Public Health Services Vaccine Program by:

Mail: Vaccine Program, P.O. Box 897, Hamilton, ON, L8N 3P6
Phone: 905-540-5250 (Monday to Friday 8:30 a.m. - 4:30 p.m.)
Fax: 905-546-4841
In person: Hamilton Public Health Services, 110 King Street West, 2nd Floor
Online: www.hamilton.ca/reportingvaccines (no form needed)

DO NOT GIVE THIS INFORMATION TO THE SCHOOL

Student Information

Student's Family/Last Name		Student's First Name(s)		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Has there been a change in the child's family/last name?			<input type="checkbox"/> No	If Yes, other Family/Last Name	
			<input type="checkbox"/> Yes		
Date of Birth			School		
year	month	day			

Parent/Guardian Information

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Other		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other			
Parent/Guardian Family/Last Name if different than above			Parent/Guardian First Name(s)		
Address			City	Postal Code	
Home Phone ()	Work Phone ()	Language		Country of Origin	
Family Doctor and Telephone Number					

VACCINE RECORD

Write your child's vaccination dates and check ✓ the vaccines given or attach a copy of the record.

Year	Month	Day	D= Diphtheria	T= Tetanus	aP= Pertussis	P= Polio is given by needle or by mouth		Hib= Haemophilus b	Pneumococcal	Rot= Rotavirus	Men-C-C= Meningococcal C	M= Measles	M= Mumps	R= Rubella	Var= Varicella	MMRV= Measles, mumps, rubella, varicella	Vaccines given in Grade 7 in Ontario			Other:	
						IPV= needle	OPV= mouth										HB= Hepatitis B	Men-C-ACYW= Meningococcal ACYW	HPV= Human Papillomavirus		
Parent or Guardian Signature:														Date:							