

## 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, 2<sup>nd</sup> Floor  
Online: [www.hamilton.ca/reportingvaccines](http://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 <input type="checkbox"/> Yes			If Yes, other Family/Last Name		
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:					