



# Vaccination History for Childcare Registration

Initial Assessment

Updated Information

Under the Childcare and Early Years Act, 2014, Reg 137/15, the operator of a licensed childcare facility is required to ensure that all infants and children admitted to a childcare facility meet one of the following options:

1. Is fully immunized as recommended by the local Medical Officer of Health
2. Has documentation in writing in the form of a Medical Exemption on file with the Health Unit
3. Has documentation in writing in the form of a Statement of Religious or Conscience Statement on file with the Health Unit

Parents / guardians are asked to complete **all of the information in Section 1** of this form. Please **attach a copy of your child's vaccination record** if they have received their vaccinations anywhere other than the Health Unit. Please ensure your child's full name and date of birth are on both documents. Completed forms and a copy of your child's vaccination record if appropriate, are to be returned to the childcare facility for submission to the Health Unit. **The Health Unit will only accept and process forms submitted by the childcare facility.**

Each year, your childcare facility will provide a list of all the children registered at the childcare facility who do not attend school to the Health Unit for review to confirm their vaccinations remain up to date. If your child's vaccinations are not up to date at the time of that assessment, the childcare facility will be notified and you will be asked to contact the Health Unit for further information. The childcare facility will not be told what information is missing.

**SECTION 1** – to be completed by the parent/guardian – please complete all information requested legibly and fully.

Date completed: \_\_\_\_\_ Name of Childcare Facility & Site: \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First Name Last Name(s) YYY/YY/MM/DD

Child's Health Card Number \_\_\_\_\_ Has your child received their vaccinations at the health unit:  
 Yes  No

Address \_\_\_\_\_ PO Box \_\_\_\_\_ RR# \_\_\_\_\_ Site \_\_\_\_\_ Apt # \_\_\_\_\_

City/Town \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Parent/Guardian's Name(s) \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

**Section 2** - to be completed by the Childcare Facility Supervisor

I have reviewed the information provided on this form for completeness and accuracy and ensured a copy of the child's vaccination record is included if required.

Date: \_\_\_\_\_ Supervisor's Signature: \_\_\_\_\_

**Section 3 - For Health Unit Use Only**

- Immunization record up to date
- Immunization record **NOT** up to date – direct parent / guardian to contact the Health Unit at 705-474-1400 ext 5252 or via email at vpd@healthunit.ca
- Appropriate documentation on file

Next immunization due at:  12 months of age  15 months of age  18 months of age  4-6 years of age  
 other \_\_\_\_\_

Signature of Nurse \_\_\_\_\_ Date & Time \_\_\_\_\_

YYYY/MM/DD

**Exemptions from Required Vaccinations:**

In some instances, individuals may have a medical reason why they are unable to receive the required vaccinations. In this case, a Medical Exemption form must be completed and signed by the child's health care provider. The Medical Exemption form is available at:

<http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ENV=WWE&NO=010-3041E>

Parents / guardians who object to their child receiving the required vaccinations must complete a Statement of Conscience or Religious Belief Affidavit. The Statement of Conscience or Religious Belief Affidavit is available at:

<http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ENV=WWE&NO=010-3042E>

In the event of an outbreak, a child with an exemption will not be permitted in the facility until the outbreak is declared over by the Health Unit.