THE REGIONAL MUNICIPALITY OF HALTON
1151 BRONTE ROAD
OAKVILLE, ONTARIO, CANADA L6M 3L1

HEALTH DEPARTMENT
Tel: 905-825-600 TTY: 905-827-9833 Fax: 905-825-87973
Toll Free: 1-866-4HALTON (1-866-442-5866)

The Immunization of School Pupils Act, 1982, requires your child to be immunized against six diseases: measles, mumps, rubella (German Measles), diphtheria, tetanus and polio. This requirement can only be removed if you object to immunization for medical, conscience or religious reasons and you have completed the necessary exemption form obtained from the Health Department.

Please complete this form and return it to the secretary immediately.

Student's Surname **First Name** **Birthdate (y/m/d)** **Gender (M/F)**

Home Address (Unit #, Street # & name, City/Town, Postal Code) **Last school attended and City/Town**

Home Phone Number **Ontario Health Card Number** **School Name**

Please fill in all dates of Immunization since birth:

Vaccine Dates Given (y/m/d)	Diptheria	Pertussis (Whopping Cough)	Tetanus	Polio – IPV or OPV (please specify)	Hib – (Haemophilus influenza – type B)	Measles	Mumps	Rubella	Meningococcal – C	Prevnar	Hepatitis B	Varicella (Chicken Pox)

Collection of this information is authorized under the Immunization of School Pupils Act, 1982. This information is used by the medical officer of health to maintain an immunization record for this child and take appropriate action to prevent vaccine preventable diseases. For further details concerning this collection, contact the Halton Region Health Department 905-825-6000.