

# Immunization History for School Registration

## Parent/Guardian

- Please attach a copy of your child's immunization record (can be photocopied at the school).
- Please complete this form and return it to the school when you register your child. The school will forward this form to the health unit.
- When your child receives their next immunization(s), please call the health unit or complete the secure electronic form on our website at [www.smdhu.org/immsonline](http://www.smdhu.org/immsonline) to update their immunization record in our database. Immunization records and updates are NOT automatically provided by your doctor.

## Student Information

Legal <b>First</b> Name	Legal <b>Last</b> Name	
Preferred First Name	Other Last Names (if any)	
Birth Date <i>yyyy / mm / dd</i> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	Ontario Health Card Number	
Mailing Address:		
House # / 911 #	Street Name	Apt. # / Suite # / Unit #
City / Town / Municipality	Province	Postal Code
School your child <b>is or will</b> be attending		
Previous School (please indicate name of the school and previous city)		

## Parent/Guardian Information

First Name: _____	Home Number: _____
Last Name: _____	Cell Number: _____
Relationship to Student: _____	
First Name: _____	Home Number: _____
Last Name: _____	Cell Number: _____
Relationship to Student: _____	

**Date form completed:** *yyyy / mm / dd*

The Simcoe Muskoka District Health Unit is required under the Immunization of School Pupil's Act (ISPA) to collect and maintain up-to-date immunization records for every child registered in school. The ISPA states that parents are required to provide the health unit with proof of completed immunization for measles, mumps, rubella, tetanus, diphtheria, pertussis (whooping cough), polio and meningitis. **Varicella (chickenpox) immunization is ONLY required beginning with children born in 2010 and later.**

If you choose not to immunize your child, you must complete either a Statement of Medical Exemption (Form 1) or Statement of Conscience or Religious Belief Affidavit (Form 2). Please contact the health unit for more information at 705-721-7520 or 1-877-721-7520 ext. 8807.