Services de santé du
TIMISKAMING
Health Unit

Board of Health Chairperson
Sylvia Fenton
Acting Medical Officer of Health
Dr. Pat Logan

Immunization Questionnaire

Office Use Only
School No:

To the Parents or Guardians

Would you please answer the following questionnaire. Return this sheet to the teacher. The information will be used by the teacher and Public Health Nurse.
Please note that your child should have at least five separate immunizations (needles) to be complete at school entry. If one or more needles are missing, please contact your local Timiskaming Health Unit Office for instructions.

Surname:_____ First Name: _____

Address: _____ Male ( ) Female ( )

Town/Township: _____ Date of Birth: _____
Day Month Year

Telephone No. - Home: _____ Work: _____

Health Card No.: _____

Name and Address of Previous School/Day Care: _____

Grade: _____ Physician: _____

OFFICE USE ONLY
VACCINE CODE

IMMUNIZATION (Please copy from your yellow immuniztion card)

	Date (Yr/mth/day)	Pertussis	Diphtheria	Tetanus	Polio-IPV	Polio - OPV	Measles	Mumps	Rubella	Haemophilus B	TB Skin Test and Result	Hepatitis B	Comments - other immunization or tests
	BCG Vaccination against Tuberculosis - DATE: _____												

Authority to Collect Information "Immunization of School Pupils Act being Chapter 41 Statutes of Ontario 1982"

N-7-S (11.94)(08.2000)update

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