

# Student Immunization Record



International Education Services

36 Regatta Avenue  
Richmond Hill, ON L4E 4R1 Canada  
www.yrdsb-international.ca

Telephone: (905) 883-3434  
Fax: (905) 773-2046  
admissions@yrdsb.edu.on.ca

<b>Student Surname</b>	<b>Student First Name</b>
<b>Date of Birth (yyyy/mm/dd)</b>	<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>

Every student must have a complete immunization record on file with York Region Community and Health Services in order to attend school. York Region Health Services is required by the *Immunization of School Pupil's Act R.R.O 1990 Reg. 645* to ensure that each child attending school in York Region is fully immunized.

To fulfill this requirement York Region Public Health Department:

- maintains immunization records on every child (age 4-18 yrs.) attending school in York Region
- reviews our files each year and send out questionnaires asking for any missing information

ROUTINE VACCINATION	DATE GIVEN (YYYY/MM/DD)					
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>
Diphtheria, Tetanum & Pertussis (DTaP)						
Poliovirus - IPV						
Haemophilus influenza type b vaccine (Hib)						
Pneumococcal conjugate (Pneu-C-7)						
Measles, Mumps, Rubella vaccine (MMR)						
Meningococcal C (Men-C)						
Varicella (chickenpox) (Var)						
Hepatitis B (HB)						
Other (please specify):						

For detailed information regarding the vaccinations listed here and the recommended schedule of when they are to be administered, visit our website: <http://www.yrdsb-international.ca/academic/secondary.html>

I hereby certify that this is a true record of the immunization received by the above named.

<b>Name of qualified medical professional</b>	
<b>Signature of qualified medical professional</b>	<b>Date (yyyy/mm/dd)</b>