



Immunization Information Request

For junior kindergarten and new student registrations

Parents: Submit your child's immunization record online Durham.ca/immunize

Only complete this form if you are submitting a paper immunization record to the school instead.

- Complete this form and submit an up-to-date immunization record. If needed, request an up to date record from your healthcare provider.
- Ensure vaccine dates and names are clearly visible and your child's name and birthdate is on each page.

Student's Information

Legal First Name: _____	Legal Last Name: _____
Alternative First Name: _____	Legal Last Name: _____
Birthdate (yyyy-mm-dd): _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
School: _____	
Health Card Number: _____ (to view or submit immunizations online)	

Student's Address as of (date): _____ yyyy/mm/dd)

Unit Number: _____	Street Number: _____	Street Name: _____
Rural Route: _____	Postal Code: _____	City: _____

Legal Guardian's Information

First Name: _____	Last Name: _____	Relationship: _____
Cell Phone: _____	Home Phone: _____	Work Phone: _____

Alternative Guardian's Information

First Name: _____	Last Name: _____	Relationship: _____
Cell Phone: _____	Home Phone: _____	Work Phone: _____

We collect, use and release your personal information under the authority of the Health Protection and Promotion Act R.S.O. 1990 c.H.7, s. 5 and under the Immunization of School Pupils Act, R.S.O. 1990, s. 11(1) and its Regulations. This information is collected for the purpose of assessing, keeping records and reporting on the immunization status of children going to schools in the province of Ontario. Information collected is maintained electronically in a provincial immunization information system. Questions about this collection of information should be sent to the Manager, Health Information, Privacy and Security, Durham Region Health Department, at 605 Rossland Rd E., P.O. Box 730, Whitby, ON, L1N 0B2, 905-668-7711.