

Child Care Facility Vaccination History

Initial Assessment

Updated Information

Child care operators are required by the Child Care and Early Years Act, 2014, Reg 137/15, to ensure that all infants and children attending a child care facility are fully immunized as recommended by the local Medical Officer of Health, or have documentation in writing in the form of a medical exemption or affidavit that explains why the child is not immunized. (please note that when your child begins school, additional documentation is required under the Immunization of School Pupils Act if you do not want them to be immunized).

Please complete **all of section 1** of this form and **attach a copy of your child's immunization record.** Please ensure your child's name and date of birth are on each page of the record. A copy of this information will be forwarded to the health unit's vaccine program for entry into their database.

Please note that incomplete registration forms **will not** be processed by the Health Unit. Incomplete forms will be returned to the child care facility and another, completed form must be resubmitted for assessment. The health unit will not keep a copy of incomplete forms. In order to comply with the Child Care and Early Years Act requirements related to the immunization status of children who attend a regulated child care facility, the Health Unit will assess your child's immunization status and will complete section 2 of this form and return it to the Child Care Facility. **Completed registration forms will be assessed within 5 business days of submission to the Health Unit.**

Each year, your child care facility will send a list of all the children they provide care for and the health unit will review those vaccination records to confirm they remain up to date. If your child requires vaccinations, a letter will be sent to your home from the health unit notifying you of what vaccinations are required. Your child care provider will be notified that your child's vaccinations are not up to date but they will not be told what is missing.

This completed form along with a copy of your child's immunization record can be submitted in one of 3 ways:

- Mail / drop off at: North Bay Parry Sound District Health Unit
345 Oak Street West, North Bay, ON P1B 2T2 Attention: VPD Program
- Fax the form to: 705-474-9399
- Scan and email to: vpd@healthunit.ca

SECTION 1

Date: _____ Name of child care facility _____

Child's Name _____ Date of Birth _____ Sex M F
First Name Last Name(s) YYYY/MM/DD

Address _____ PO Box _____ RR# _____ Site _____ Apt # _____

City/Town _____ Prov. _____ Postal Code _____

Parent/Guardian's Name(s) _____

Home # _____ Work # _____ Cell # _____

Child's Health Card Number _____

Section 2 - For Health Unit Use Only

Immunization record up to date Immunization record **NOT** up to date Appropriate documentation on file

Next immunization due at: 12 months of age 15 months of age 18 months of age 4-6 years of age
 other _____

Signature of Nurse _____ Date & Time _____

YYYY/MM/DD