

Vaccination History for Childcare Registration

Under the Childcare and Early Years Act, 2014, Reg 137/15, the operator of a licensed childcare facility is required to ensure that all infants and children admitted to a childcare facility meet one of the following options:

- 1. Is fully immunized as recommended by the local Medical Officer of Health
- 2. Has documentation in writing in the form of a Medical Exemption on file with the Health Unit
- 3. Has documentation in writing in the form of a Statement of Conscience or Religious Belief Affidavit on file with the Health Unit

Parents / guardians are asked to complete <u>all of the information in Section 1</u> of this form. Please <u>attach a copy of your</u> <u>child's vaccination record</u> if they have received their vaccinations anywhere other than the Health Unit. Please ensure your child's full name and date of birth are on both documents. Completed forms and a copy of your child's vaccination record if appropriate, are to be returned to the childcare facility for submission to the Health Unit. The Health Unit will only accept and process forms submitted by the childcare facility.

Each year, your childcare facility will provide a list of all the children registered at the childcare facility who do not attend school to the Health Unit for review to confirm their vaccinations remain up to date. If your child's vaccinations are not up to date at the time of that assessment, the childcare facility will be notified and you will be asked to contact the Health Unit for further information. The childcare facility will not be told what information is missing.

Date completed:	Name of	the parent/guardian – please complete all information requested legibly and fully. Name of Childcare Facility & Site:				
Child's Name First Name		Last Name(s)			Date of Birth YYYY/MM/DD	
Child's Health Card Number			Has your child recei		ived their vaccinations at the health unit:	
Address		PO Box	RR#	Site	Apt #	
City/Town	Prov		Postal Code			
Parent/Guardian's Name(s)						
Home #	Work #	Work # Cell #				
Date:	Supe	ervisor's Sign	ature:			
Section 3 - For Health Unit Use						
 Immunization record up to o Immunization record <u>NOT</u> up Appropriate documentation 	late to date – direct pare or via ema	nt / guardia il at vpd@he		ealth Unit at 7	05-474-1400 ext 5252	
Next immunization due at: 🗌 1	2 months of age 🛛 : other			hs of age 🛛 4	-6 years of age	
Signature of Nurse			Data 8	Timo		
					YYYY/MM/DD	

revised April 2020

Exemptions from Required Vaccinations:

In some instances, individuals may have a medical reason why they are unable to receive the required vaccinations. In this case, a Medical Exemption form must be completed and signed by the child's health care provider. The Medical Exemption form is available at:

http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ENV=WWE&NO=010-3041E

Parents / guardians who object to their child receiving the required vaccinations must complete a Statement of Conscience or Religious Belief Affidavit. The Statement of Conscience or Religious Belief Affidavit is available at: http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ENV=WWE&NO=010-3042E

In the event of an outbreak, a child with an exemption will not be permitted in the facility until the outbreak is declared over by the Health Unit.

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