



# IMMUNIZATION RECORD FORM

In Canada it is a provincial requirement that all children attending school are appropriately immunized before school entry. In order to assist in the school entry and assist in the health of all children, it is required that a record of immunizations be up to date prior to arrival in Canada. This form is to be completed and certified before leaving for Canada or students can submit an Immunization Record from their home country as long as it has been translated into English and notarized.

This Immunization Record Form can be used to confirm that the students' immunizations are up to date and complete. It is the student's responsibility to have the form completed and certified by a qualified health professional before departing for Canada. This form is to be provided to the Region of Halton as instructed by the School Board your child is attending. Please submit this form or another document providing proof of Immunizations prior to registration at the school or as soon as possible on arrival in Canada. It is recommended that the original immunization record be retained by the student to further support this form.

\_\_\_\_\_

Last Name of Student

\_\_\_\_\_

Given Name(s)

\_\_\_\_\_

Date of Birth (Day/Month/Year)

<b>REQUIRED</b>	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>	<b>4<sup>th</sup></b>	<b>5<sup>th</sup></b>
DIPHTHERIA					
TETANUS					
POLIO					
PERTUSSIS (WHOOPING COUGH)					
MEASLES (RUBEOLA)					
MENINGOCOCCAL					
MUMPS					
RUBELLA (GERMAN MEASLES)					
VARICELLA (CHICKENPOX) *					
<b>RECOMMENDED</b>					
INFLUENZA (Hib)					
HEPATITIS B					
HUMAN PAPILLOMAVIRUS (HPV) FEMALES ONLY					

\* For children born in 2010 or later

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

\_\_\_\_\_  
Signature of qualified health professional

\_\_\_\_\_  
Day / Month / Year

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Professional Designation: \_\_\_\_\_