

International Student? Please complete the form below

1. Student full name:
2. Parent full name:
3. Date of birth: (month/day/year)
4. Address:
5. Phone number:
6. Consent to share records with parents (if student is 16 years of age and older)
 Yes or No:
7. Email address:
8. Please email this completed form and a copy of your immunization record to accesshalton@halton.ca

Electronic Communication Statement:

Communications made through email, text messaging, internet and/or other electronic messaging tools have no or very limited security. Communicating using these means can pose privacy and security risks. The Halton Region Public Health will not communicate personal information or personal health information with you via email or text message, unless: you, or your substitute decision-maker, wish to receive information this way, and you, or your substitute decision-maker, accept the privacy and security risks. If you agree to communicate electronically, please note the Halton Region Public Health will follow its internal procedures to attempt to protect your information, however, due to the risks, confidentiality cannot be guaranteed. Your email address will be used to contact you if we have questions about your immunization information. By providing your email address, you consent to Halton Region Halton Region Public Health using it to communicate with you through email. Please be aware that you have the option to provide the information on this form verbally by calling Halton Region. If you choose to email this information, you accept that security and privacy risks exist with sending your information this way.

We will review and upload your immunization record within 10-15 business days. Once completed, you will receive an email with instructions on how to view the updated record online using Immunization Connect Ontario (ICON).

Kind Regards,

Vaccination Services