

SCHOOL ENTRY IMMUNIZATION & TUBERCULOSIS ASSESSMENT

Date Form Completed : - -

STUDENT INFORMATION: (Please print clearly and complete ALL sections of the form)

Family Name 	Given Name 	Sex <input type="checkbox"/>	Date of Birth	Year	Month	Day
Ontario Health Card Number - - 	Name of School 			- - 		
Student's Physician's Name 	Physician's Telephone - - 	Grade 				
Previous School, Nursery or Daycare attended in Ottawa 						

Has the student lived or travelled outside of Canada or in a First Nations, Inuit or Métis community in Canada for 3 months or longer during the last 5 years?

No Yes - (call 613-580-6744 extension 24108. Certification is required for school entry.)

Name of Countries Lived in During Last 5 Years 	Date of Arrival in Canada (y/m/d) - -
	Name of First Nations Community

PLEASE ATTACH A PHOTOCOPY OF THE STUDENT'S IMMUNIZATION RECORD TO THIS FORM. THESE REQUIREMENTS APPLY TO ALL SCHOOLS, INCLUDING PRIVATE SCHOOLS.

PARENT/GUARDIAN INFORMATION: (Please print clearly)

Last Name 	First Name 	Relation To Child
Home Address 	Apt/Unit 	City P.C. -
Tel (home) - - 	Tel (work) Mother - - ext. 	Tel (work) Father - - ext.

Office Use Only

Pentacel <input type="checkbox"/>	Quadracel <input type="checkbox"/>
MMR #1 <input type="checkbox"/>	MMR #2 <input type="checkbox"/>
Polio <input type="checkbox"/>	Td Polio <input type="checkbox"/>
TST <input type="checkbox"/>	Adacel <input type="checkbox"/>



When your child receives any vaccination or if you have any questions contact the

Ottawa Public Health - Immunization Program

100 Constellation Crescent, 7th Floor West Ottawa, ON K2G 6J8

Tel: 613-580-6744 extension 24108 Fax: 613-580-9660 Email: Immunization@ottawa.ca

Assessor/Centre: _____

Date assessed (y/m/d) _____

by _____

Date Input (y/m/d) _____

by _____

Date certified (y/m/d) _____ Y.F.

by _____

ottawa.ca/health

Personal health information is collected on this form pursuant to section 11 of the Immunization of School Pupils Act, R.S.O. 1990, c. I.1, ("ISPA"). The parent of a pupil has an obligation to cause the pupil to complete the program of immunization, as indicated in section 3 of ISPA and section 5 of the Regulation 645 of the ISPA. Your personal health information collected on this form will be shared on a confidential basis with the City of Ottawa Public Health Branch. Questions regarding this collection may be addressed to: Supervisor, Immunization Program, City of Ottawa Public Health Branch, 100 Constellation Cr., Ottawa, ON K2G 6J8 tel: 613-580-6744 ext.24108 e-mail: Immunization@ottawa.ca.

Personal health information is collected on this form according to the Mandatory Health Programs and Services Guidelines published pursuant to section 7 of the Health Protection and Promotion Act, R.S.O. 1990, c. H.7. Your personal health information will be used to promote the screening of all persons in a high-risk group for tuberculosis and to assess those testing positive. Your personal health information may be shared on a confidential basis with the City of Ottawa Public Health Branch. Questions regarding the collection of personal health information may be addressed to: Supervisor, Immunization Program, City of Ottawa Public Health Branch, 100 Constellation Cr., Ottawa, ON K2G 6J8 tel: 613-580-6744 ext. 24108, e-mail: Immunization@ottawa.ca.