

Student Immunization Record



International Education
c/o York Region Learning Connections

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Student Surname	Student First Name
Date of Birth (yyyy/mm/dd)	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>

Every student must have a complete immunization record on file with York Region Community and Health Services in order to attend school. York Region Health Services is required by the *Immunization of School Pupil's Act R.R.O 1990 Reg. 645* to ensure that each child attending school in York Region is fully immunized.

To fulfill this requirement York Region Public Health Department:

- maintains immunization records on every child (age 4-18 yrs.) attending school in York Region
- reviews our files each year and send out questionnaires asking for any missing information

ROUTINE VACCINATION	DATE GIVEN (YYYY/MM/DD)					
	1 st	2 nd	3 rd	4 th	5 th	6 th
Diphtheria, Tetanum & Pertussis (DTaP)						
Poliovirus - IPV						
Haemophilus influenza type b vaccine (Hib)						
Pneumococcal conjugate (Pneu-C-7)						
Measles, Mumps, Rubella vaccine (MMR)						
Meningococcal C (Men-C)						
Varicella (chickenpox) (Var)						
Hepatitis B (HB)						
Other (please specify):						

For detailed information regarding the vaccinations listed here and the recommended schedule of when they are to be administered, visit our website: <http://www.yrlc.on.ca/international/secondary.html>

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

Name of qualified medical professional	
Signature of qualified medical professional	Date (yyyy/mm/dd)