

## ONTARIO VACCINE REQUIREMENTS

Immunization is a safe and effective way to protect your child against serious infections. Children who attend licensed child care and schools must be vaccinated or provide a valid exemption. Children in licensed child care must have up-to-date immunization for their age, as required by the *Day Nurseries Act*. Students in school must be immunized as required by the *Immunization of School Pupils Act*. Ottawa Public Health collects and maintains this information for all children attending licensed child care facilities and schools in the city of Ottawa.

### Publicly Funded Immunization Schedule for Ontario – August 2011

#### 2 months and 4 months

- Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib); a five-in-one vaccine
- Pneumococcal conjugate-13; most children will need three doses but infants with some medical conditions may require a four-dose series of this vaccine
- Rotavirus (an oral vaccine)

#### 6 months

- Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib); a five-in-one vaccine
- Influenza vaccine is recommended for individuals starting at 6 months of age and older

#### 12 months

- Measles, mumps and rubella (MMR) is a three-in-one vaccine; this vaccine **must be given on or after the first birthday** for best protection
- Meningococcal conjugate-C
- Pneumococcal conjugate-13

#### 15 months

- Varicella (chickenpox)

#### 18 months

- Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib); a five-in-one vaccine

#### 4-6 years old

- Diphtheria, tetanus, pertussis (whooping cough) and polio; a four-in-one vaccine
- Measles, mumps, rubella and varicella (chickenpox); a four-in-one vaccine

#### 12 years old (grade 7), given in school-based clinics

- Hepatitis B (2-dose series)
- Meningococcal conjugate ACWY

#### 13 years old (Grade 8), females only, given in school-based clinics

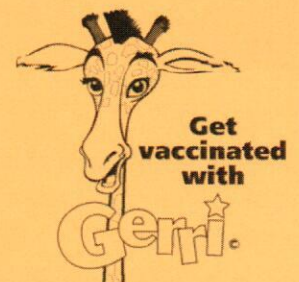
- Human Papillomavirus (HPV-4), 3-dose series

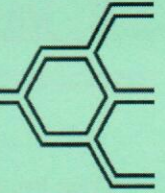
#### 14-16 years old

- Diphtheria, tetanus, pertussis (whooping cough); a three-in-one vaccine (Tdap) that is due 10 years after the 4-6 year old dose

#### Every autumn

- Influenza vaccine; recommended for individuals 6 months of age and older





## Immunization Information

Children attending licensed child care facilities in Ontario must be immunized as required by the *Day Nurseries Act*. Please refer to the *Ontario Vaccine Requirements* sheet to ensure that your child's immunization is up-to-date for his or her age. Parents/guardians must provide a valid exemption for children who are not immunized.

Ottawa Public Health must collect and maintain immunization information. The information is periodically reviewed to ensure that children continue to meet the requirements of the law.

**Please remember to inform your child care provider and Ottawa Public Health every time your child receives additional vaccinations.**

If an exemption is required for any reason, contact the Immunization Program at 613-580-6744 ext. 24108.

**Complete this form and attach a photocopy of your child's immunization record or the exemption form.**

### Child information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Other Name: \_\_\_\_\_

Gender: Male  Female  Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (YYYY/MM/DD)

Ontario Health Card Number: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Name of Child Care Facility: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Parent/Guardian information** Preferred Language: English  French  Other: \_\_\_\_\_

**Mother** Last Name: \_\_\_\_\_ Mother First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt./unit: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel. (home): \_\_\_\_\_ Tel. (work): \_\_\_\_\_ Cell: \_\_\_\_\_

**Parent/Guardian information** Preferred Language: English  French  Other: \_\_\_\_\_

**Father** Last Name: \_\_\_\_\_ Father First Name: \_\_\_\_\_

Home Address (If **different** from Mother) : \_\_\_\_\_ Apt./unit: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel. (home): \_\_\_\_\_ Tel. (work): \_\_\_\_\_ Cell: \_\_\_\_\_

**Parent/Guardian information (Other)** Preferred Language: English  French  Other: \_\_\_\_\_

**Other** Last Name: \_\_\_\_\_ Other First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt./unit: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Relationship: \_\_\_\_\_

Tel. (home): \_\_\_\_\_ Tel. (work): \_\_\_\_\_ Cell: \_\_\_\_\_

For more information, or to update your child's immunization record, contact:

**Ottawa Public Health Immunization Program**  
**100 Constellation Drive, 7<sup>th</sup> Floor West, Ottawa, ON K2G 6J8**  
**Telephone: 613-580-6744, ext. 24108 Fax: 613-580-9660**  
**E-mail: [Immunization@ottawa.ca](mailto:Immunization@ottawa.ca) Web: [ottawa.ca/health](http://ottawa.ca/health)**

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Personal health information is collected under the authority of section 33 of Regulation 262 under the *Day Nurseries Act* and section 5 of the *Health Protection and Promotion Act* and will be used by Ottawa Public Health to maintain an immunization record for your child and to take appropriate action to prevent vaccine preventable diseases. Questions regarding the collection and use of personal health information may be directed to the Supervisor, Immunization Program, Ottawa Public Health by mail at 100 Constellation Drive, Ottawa, ON K2G 6J8, by telephone at 613-580-6744 ext 24108, or by e-mail at [Immunization@ottawa.ca](mailto:Immunization@ottawa.ca).