

IMMUNIZATION PROGRAM

JK/NEW STUDENT INFORMATION REQUEST

All pupils entering school must be immunized against Diphtheria, Tetanus, Polio, Measles, Mumps, Rubella, Varicella, and Meningococcal according to the IMMUNIZATION OF SCHOOL PUPILS ACT 2014. Exemptions to this requirement are for religious or conscience reasons (with notarized affidavit), or medical reasons certified by a physician.

STUDENT INFORMATION

School Name _____ Is this the first school the student is attending? Yes No

If no, name of previous school _____ City/Town _____ Date of transfer (yy/mm/dd) _____

Last/Family Name _____ First Name _____ Middle Name _____

Male Female _____ Date of Birth (yy/mm/dd) _____

Home Address _____ Apartment # _____ City/Town _____ Postal Code _____

Health Card Number (10 digit number only) _____ Name (as shown on card) _____

Country of Origin/Birth _____ Name of Family Doctor _____

PARENT INFORMATION

Name of Father/Guardian _____ Father Home Phone _____ Father Cell _____

Name of Mother/Guardian _____ Mother Home Phone _____ Mother Cell _____

Parent/Guardian Signature _____ Date _____

STUDENT IMMUNIZATION RECORD

Date (yyyy-mm-dd)	Diphtheria	Tetanus	Pertussis	Polio (IPV)	Polio (OPV)	Hib (Haemophilus B)	Pneumo-conjugate-13	Rotavirus	Measles	Mumps	Rubella	Men-conjugate-C	Men-conjugate-ACYW	Varicella	Hepatitis B	Human Papillomavirus	Pneumo-poly	Other (please specify)	Vaccine brand name
<p>Please attach a photocopy of immunizations given since birth.</p>																			

D.P.T. Polio: Diphtheria, Pertussis, Tetanus, Polio
Pertussis: Whooping Cough
Td Polio: Tetanus, Diphtheria, Polio
Tetanus: Lockjaw
M.M.R.: Measles, Mumps, Rubella
Rubella: German Measles
Hib: Haemophilus influenzae type B
M.M.R.V.: Measles, Mumps, Rubella, Varicella