

# 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 \_\_\_\_\_ Date of Birth \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_  
 Ontario Health Card Number \_\_\_\_\_ Name of School \_\_\_\_\_ Grade \_\_\_\_\_  
 Student's Physician's Name \_\_\_\_\_ Physician's Telephone \_\_\_\_\_  
 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 \_\_\_\_\_ Date of Arrival in Canada (y/m/d) \_\_\_\_\_  
 During Last 5 Years \_\_\_\_\_ 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 \_\_\_\_\_ Tel (work) Father \_\_\_\_\_ ext. \_\_\_\_\_

**Office Use Only**

Pentacel  Quadacel   
 MMR #1  MMR #2   
 Polio  Td Polio   
 TST  Adacel



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. 1.1, ("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.