#### STUDENT IMMUNIZATION RECORDS

Dear Parent(s)/Guardian(s),

The Windsor-Essex County Health Unit is required by law to keep immunization records or exemption documents of all students enrolled in elementary and secondary school in Windsor-Essex County. Each time the student receives a new vaccination from their pediatrician, health care provider, or nurse practitioner, it must be reported to the Health Unit so that the student's record can be updated. Your health care provider does not provide us with this information and it is the responsibility of the parent/guardian to submit proof of vaccination or exemption documents to the Health Unit.

### HOW TO REPORT AND UPDATE IMMUNIZATION RECORDS

Immunization records can be reported and updated with the Health Unit by one of the following ways:



Secure Online Reporting immune.wechu.org

Phone 519-960-0231 OR 1-800-265-5822 ext. 1222

Fax 519-258-7288

**Mail / In-Person** Windsor-Essex County Health Unit (The Healthy Schools Immunization Department)

Windsor Office: 1005 Ouellette Avenue, Windsor, ON N9A 4J8 Leamington Office: 33 Princess Street, Leamington, ON N8H 5C5.

## Publicly Funded Immunization Schedules for Ontario – June 2022

Publicly funded vaccines may be provided only to eligible individuals and must be free of charge

Routine Schedule: Children Starting Immunization in Infancy									
Vaccine Age	2 Months	4 Months	6 Months	1 Year Φ	15 Months	18 Months	4 Years	Grade 7	14 Years
<b>DTaP-IPV-Hib</b> Diphtheria, Tetanus, Pertussis, Polio, <i>Haemophilus influenzae</i> type b	•	•	•			•			
Pneu-C-13 Pneumococcal Conjugate 13	•	•		•					
Rot-1 Rotavirus	<b>A</b>	<b>A</b>							
Men-C-C Meningococcal Conjugate C				•					
MMR Measles, Mumps, Rubella				•					
Var Varicella					-				
MMRV Measles, Mumps, Rubella, Varicella							•		
Tdap-IPV Tetanus, diphtheria, pertussis, Polio							•		
<b>HB</b> Hepatitis B								•	
Men-C-ACYW Meningococcal Conjugate ACYW-135								•	
HPV-9 Human Papillomavirus								•	
<b>Tdap</b> Tetanus, diphtheria, pertussis									•
Inf Influenza		*Every year in the fall							

- A single vaccine dose given by intramuscular injection
- A single vaccine dose given by subcutaneous injection
- ▲ A single vaccine dose given by mouth

- Provided through school-based immunization programs. Men-C-ACYW is a single dose;
   HB is a 2 dose series (see Table 6); HPV-9 is a 2 dose series (see Table 10). Each vaccine dose is given by intramuscular injection
- Φ Given no earlier than the 1st birthday, and prior to 16 months of age





January 2023



## **IMMUNIZATION PROGRAM**

# JK/NEW STUDENT INFORMATION REQUEST

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

STUDENT INFORM	MATION					
		Is this the first school the student is attending? • Yes • No				
Grade	School Name					
If no, name of previous school	ol City/Town	Date of transfer (yy/mm/dd)				
Legal Last Name	Legal First Name	Middle Name				
Gender: O Male O Female	O Prefer not to answer O Child identifies as:	Date of Birth (yy/mm/dd)				
Home Address	Apartment # City/Town	Postal Code				
Health Card Number (10 digit	t number only) Name (as shown o	n card)				
Country of Origin/Birth	Primary Health Car	re Provider				
PARENT/GUARDI	<b>AN</b> INFORMATION	-				
1. Name of Parent/Guardian	Relationship Home Pho	one Cell				
2. Name of Parent/Guardian Relationship Home Phone Cell						
Parent/Guardian Signature		Date				
<b>STUDENT</b> IMMUNI	ZATION RECORD					
Date (Diphtheria	Tetanus  Pertussis  Pertussis  Polio (IPV)  Olio (OPV)  Muno-conjugate-13  Irus  Irus  Pertussis  Polio (IPV)  Olio (OPV)  Immunizations give	Ocopy of Other (please specify)  Other (please specify)  Other (please specify)  Vaccine brand name				
Δ	atach a r	en su				
	Pleas					
	imu					