

# 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](http://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 $\emptyset$	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		◆	◆	◆			◆				
<b>Pneu-C-13</b> Pneumococcal Conjugate 13		◆	◆		◆						
<b>Rot-5</b> Rotavirus		▲	▲								
<b>Men-C-C</b> Meningococcal Conjugate C					◆						
<b>MMR</b> Measles, Mumps, Rubella					■						
<b>Var</b> Varicella						■					
<b>MMRV</b> Measles, Mumps, Rubella, Varicella								■			
<b>Tdap-IPV</b> Tetanus, diphtheria, pertussis, Polio								◆			
<b>HB</b> Hepatitis B									●		
<b>Men-C-ACYW</b> Meningococcal Conjugate ACYW-135									●		
<b>HPV-9</b> Human Papillomavirus									●		
<b>Tdap</b> Tetanus, diphtheria, pertussis										◆	
<b>Inf</b> 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
- ⌀ Given no earlier than the 1st birthday, and prior to 16 months of age



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 INFORMATION**

\_\_\_\_\_ Is this the first school the student is attending?  Yes  No

Grade \_\_\_\_\_ School Name \_\_\_\_\_

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

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Sex:  Male  Female  Prefer not to answer  Child identifies as: \_\_\_\_\_ 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 \_\_\_\_\_ Primary Health Care Provider \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

1. \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**STUDENT IMMUNIZATION RECORD**

Date (yyyy-mm-dd)	Diphtheria	Tetanus	Pertussis	Polio (IPV)	Polio (OPV)	Haemophilus B	MM-conjugate-13	Measles	Mumps	Rubella	Varicella	MMV	MMV-poly	Other (please specify)	Vaccine brand name

**Please attach a photocopy of immunizations given since birth.**