

# CHILD CARE FACILITY IMMUNIZATION & TUBERCULOSIS ASSESSMENT

Date Form Completed :    \_ \_ - \_ \_ - \_ \_

**CHILD'S INFORMATION: (Please print clearly and complete ALL sections of the form)**

Family Name \_\_\_\_\_ Given Name \_\_\_\_\_ Sex  Male  Female    Date of Birth \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

Ontario Health Card Number \_\_\_\_\_ Name of Child Care Facility \_\_\_\_\_

Child's Physician's Name \_\_\_\_\_ Physician's Telephone \_\_\_\_\_

Is this child also attending school?     No     Yes    Name Of School \_\_\_\_\_

Has the child 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

Name of Countries Lived \_\_\_\_\_ Date of Arrival in Canada (y/m/d) \_\_\_\_\_

In During Last 5 Years \_\_\_\_\_ Name of First Nations Community \_\_\_\_\_

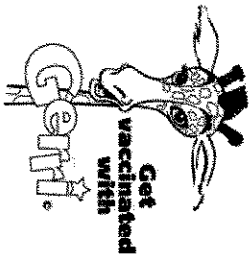
**PLEASE ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD TO THIS FORM.  
PLEASE RETURN TO THE CHILD CARE FACILITY.**

**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 \_\_\_\_\_ ext. \_\_\_\_\_ Tel (work) Father \_\_\_\_\_ ext. \_\_\_\_\_



**When your child receives any vaccinations or if you have any questions contact:**

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](mailto:Immunization@ottawa.ca)

**Office Use Only**

Date assessed (y/m/d) \_\_\_\_\_

by \_\_\_\_\_

Date Input (y/m/d) \_\_\_\_\_ Y.F.

by \_\_\_\_\_

[ottawa.ca/health](http://ottawa.ca/health)

Personal health information is collected on this form pursuant to section 33(1) of the Regulation 262 under the Day Nurseries Act, and will be used to create an immunization record and facilitate communications with the parent/guardian and physician regarding the immunization requirements.

Personal health information is collected on this form under the authority of the Ontario Public Health Standards pursuant to section 7 of the Health Protection and Promotion Act. Your personal health information will be used for the screening of all persons in a high-risk group for tuberculosis and to assess those testing positive.

Questions regarding these collections of personal health information may be addressed to: Supervisor, Immunization Program, City of Ottawa Public Health Department, 100 Constellation Cr., Ottawa, ON K2G 6J8 tel: 613-580-6744 ext.24108, e-mail: [Immunization@ottawa.ca](mailto:Immunization@ottawa.ca).