



## International Student Immunization Record for Ottawa Public Health

Ottawa Public Health has been notified that you are considering studying in the city of Ottawa. As a part of the provincial requirements to attend school, all students must provide proof of immunization.

**Please attach a photocopy of the student's original immunization record(s) to this form and return it to the Ottawa International Student Programs.** The record will be assessed by Ottawa Public Health against immunization requirements to attend school in Ontario.

Only complete the table below if a photocopy of the **original immunization record** is not available. It must be completed and signed by the student's doctor. Enter the dates that the immunizations were given (Year-Month-Day).



**Student's Name:** \_\_\_\_\_  
Surname / Given

**Date of birth:** \_\_\_\_\_ **Sex:**  male  female  
yyyy / mm / dd

**School Placement (if known):** \_\_\_\_\_

**NOTE:** Fill in the table below only if a photocopy of the student's **original record** is unavailable.

	yyyy / mm / dd	yyyy / mm / dd	yyyy / mm / dd	yyyy / mm / dd	yyyy / mm / dd	yyyy / mm / dd
<b>DPT/ Tdap</b>						
<b>Polio</b> <i>(Circle) IPV or OPV</i>						
<b>Measles</b>						
<b>Mumps</b>						
<b>Rubella</b>						
<b>Meningococcal Conjugate</b>	Type C	Type ACWY				
<b>Hepatitis B</b>						
<b>Varicella</b>						

**NOTE:** All students must have 2 doses of measles and mumps vaccines (usually administered as the MMR vaccine) **given after the first birthday**. The second dose must be at least 28 days after the first dose.

Doctor's name: (Print) \_\_\_\_\_

Doctor's address: \_\_\_\_\_

Clinic name: \_\_\_\_\_

Date: \_\_\_\_\_ Doctor's signature or stamp: \_\_\_\_\_

Personal health information is collected on this form pursuant to section 11 of the Immunization of School Pupils Act, R.S.O. 1990, c. I.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, telephone: 613-580-6744 ext.24108, e-mail: [Immunization@ottawa.ca](mailto:Immunization@ottawa.ca).