



## Windsor-Essex County Health Unit Immunization Program NEW STUDENT INFORMATION REQUEST

All pupils entering school must be immunized against Diphtheria, Tetanus, Polio, Measles, Mumps and Rubella according to the **IMMUNIZATION OF SCHOOL PUPILS ACT 1990**. Exemptions to this requirement are for religious beliefs, conscience or medical reasons certified by a physician.

### ACADÉMIE STE. CÉCILE INTERNATIONAL SCHOOL

Student's Last Name _____			First Name _____			Middle Name (s) _____			
Name of Previous School _____			Name of City or Town _____			Month & Year Transferred _____			
Date of Birth (yr/mo/day) _____						Male _____		Female _____	
Address _____		Number _____		Street _____		Apt # _____		City/Town _____	Postal Code _____
Name of Father (or guardian) _____			Name of Mother (or guardian) _____			Home Phone _____			
						Bus. Phone _____			
Child's Health Card Number (10 digit number only) _____					Letter Code _____		Name exactly as on card _____		
Country of origin/birth (if other than Canada) _____									
Doctor's Name _____					Parent/Guardian Signature _____				

***Please attach a photocopy for immunizations given since birth or give dates and check appropriate space(s).***

Date (yyy/mm/dd)	Diphtheria	Pertussis	Tetanus	Polio - IPV	Polio - OPV	Haemophilus B	*Hib	Measles	Mumps	Rubella	Hepatitis B	Varicella	Prevnar	Merivugate	TB Skin Test	TB Results

D.P.T. Polio = Diphtheria, Pertussis, Tetanus, Polio  
 Td Polio = Tetanus, Diphtheria, Polio  
 M.M.R. = Measles, Mumps, Rubella  
 Hib = Haemophilus B

Pertussis = Whooping Cough  
 Tetanus = Lockjaw  
 Rubella = German Measles

If you have any questions, please contact the Vaccine Preventable Team at 258-2146 or 1-800-265-5822 ext. 1222

**THIS STUDENT MAY BE SUSPENDED FROM SCHOOL IF YOU DO NOT COMPLETE AND RETURN THIS FORM**