

Wellington-Dufferin-Guelph Public Health

IMMUNIZATION PROGRAM FOR SECONDARY SCHOOL STUDENTS

Dear Parent/Guardian:

If it has been 10 years since your child received diphtheria, tetanus, pertussis, then your child needs a booster. This can be done at your family doctor's office or call your local Wellington-Dufferin-Guelph Public Health office to make an appointment.

If your child has received this booster, please fill in the form below. Please return the form to the school secretary who will forward the information to Public Health.

Under the Immunization of School Pupils Act, Wellington-Dufferin-Guelph Public Health is legally required to collect and maintain a complete immunization history on all children enrolled in school.

Thank you for your assistance.

Please print clearly

Student's Last Name: _____ First Name: _____

Birth date: _____ / _____ / _____ School Attending: _____
Year Month Day

Ontario Health Card Number: _ _ _ - _ _ - _ _ _

Address: _____ PC _____

Immunization Given:	Date Given:	Immunization Given:	Date Given:
Td (14-16 year) (Tetanus, diphtheria)	____ / ____ / ____ <i>Y Y Y Y M M D D</i>	dTap (diphtheria, Tetanus, pertussis)	____ / ____ / ____ <i>Y Y Y Y M M D D</i>
Physician Name: _____		Physician Name: _____	
Physician Telephone No: _____		Physician Telephone No.: _____	

The information on this form is collected under the authority of Health Promotion and Protection Act and in accordance with the Municipal Freedom of Information Protection and Privacy Act and the Provincial Health Information Protection Act. This information will be used for the delivery of public health programs and services, the administration of the organization, the maintenance of health care databases, registries, related public health research and compliance with legal and regulatory requirements. Any questions about this collection should be addressed to the Director of Administration.



Wellington-Dufferin-Guelph Public Health
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