

Student Demographic/Immunization Information Form

Family Reception Centre (FRC)

Family Welcome Centre (FWC)

Please complete form and attach a clear photocopy of the student's immunization record.

Student Information

Name of school:		Grade:
Last Name:	First Name:	Middle Name:
Date of birth: / / (year/month/day)		Gender: Male ____ Female ____ Other ____
Ontario Health Card Number (if available):		

Parent/Guardian

Last Name:	First Name:	Relation to child:
Tel. (home):	Tel. (work):	Cell:
Home address:		Apt/Unit:
City:		Postal Code:
Email address:		

Parent/Guardian 2

Last Name:	First Name:	Relation to child:
Tel. (home):	Tel. (work):	Cell:

Language spoken: English French Other _____

School Start Date: _____

Ottawa Public Health – Immunization Unit
 Fax: 613-580-9660

Also available in French (2019)

Pupil immunization information is collected by Ottawa Public Health for the purpose of maintaining an immunization record pursuant to section 1 of the *Immunization of School Pupils Act*. Questions regarding this collection and use of personal health information may be directed to the Public Health Supervisor, Immunization Unit, Ottawa Public Health by mail at 100 Constellation Drive, Ottawa, ON K2G 6J8, by telephone at 613-580-6744, or by e-mail at Immunization@ottawa.ca.