

HEALTH HISTORY FORM

The *Child Care and Early Years Act*, Reg. 137/15, Section 72(1) requires that the following information be provided on every child who is not in attendance at a school within the meaning of the Education Act;

- the previous history of communicable diseases
- conditions requiring medical attention
- child's immunization record.

The regulation states that each child attending licensed child care must be immunized as recommended by the local Medical Officer of Health. If your child has not been immunized due to conscience or religious belief or has received a medical exemption, notify your Provider. You will be supplied with a form prepared by the Ministry of Education. Your child's record of immunization will be kept in your Provider's file.

You may attach a copy of your child's yellow immunization record to this form to meet this requirement. When your child receives more vaccines please request your Provider to update this form with the name and date of the vaccination received.

Child's Name: _____ D.O.B. _____

IMMUNIZATION RECORD

Date (yy/mm\dd)	Pertussis	Diphtheria	Tetanus	Polio	Measles	Mumps	Rubella	Haemophilus Hib B	Varicella	Other

Other vaccines received: _____

Has your child had the following illnesses?

German Measles: _____ Chicken Pox: _____ Whooping Cough: _____ Mumps: _____

Parent / Guardian Signature

Date