



Immunization History

Student Name: _____

Gender: _____

Date of birth: _____

Immunization	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY
	2 Months	4 Months	6 Months	18 Months	4-6 yrs	14 - 16 years
DPT Diphtheria- Pertussis-Tetanus						
	2 Months	4 Months	6 Months	18 Months	4-6 yrs	
Polio (OPV)						
	12 Months	4-6 yrs				
MMR Measles-Mumps-Ru bella						
	12-13 years					
Hepatitis B (Grade 7)						
	12 Months	12-13 years				
Meningococcal (1 year, Grade 7)						
	15 Months	4-6 yrs				
Varicella Chickenpox (15 months, 4-6 yrs)						
COVID-19 Vaccine (recommended)	Dose 1	Dose 2	Dose 3			

The above vaccines are mandatory for students in Ontario schools (COVID-19 vaccine recommended).
 If any of these vaccines are missing from your child's record please have your primary care provider update them.