

Complete this assessment form in addition to the immunization consent form. Both forms must be completed and returned in order for your child to be immunized. By answering the following questions, you will help the Public Health Nurse decide if it is safe for your child to be immunized.

Last Name (Individual to be immunized)

First Name (Individual to be immunized)

Date of Birth (YYYY/MM/DD)

School: _____

1. Does your child have any allergies to food or medication? Yes No

If yes, list: _____

2. Does your child have any medical problems? Yes No

If yes, please explain: _____

3. Is your child currently taking any medication? Yes No

If yes, list name of medication(s): _____

4. Is there a chance your daughter could be pregnant? Yes No N/A

5. Has your child had any reactions to vaccines in the past? Yes No

If yes, describe: _____

6. Does your child get upset when receiving a needle? Yes No

If yes, describe: _____

7. Are you planning to be present when your child gets his/her needle? Yes No

If not, how can we make your child more comfortable? _____

If your child's condition changes after completing this form, or for any questions or concerns, call Peel Public Health at 905-799-7700 to speak with a nurse. Caledon residents call 905-584-2216.

Notify your child's teacher if your child is not feeling well on the day of the immunization clinic.

Name: (Individual providing information)

Relationship to individual being immunized:
 Parent with custody Legal Guardian CAS Worker

 Other Substitute Decision Maker – Specify: _____

Date: (YYYY/MM/DD)

Notice with respect to the Collection of Personal Information:

This information is being collected pursuant to the Health Protection and Promotion Act R.S.O. 1990 c.H.7 and will be retained, used, disclosed and disposed of in accordance with all applicable municipal, federal, and provincial laws and regulations governing the collection, retention, use, disclosure and disposal of personal information including the Municipal Freedom of Information and Protection of Privacy Act R.S.O. 1990 c. M. 56, the Personal Health Information Protection Act 2004 S.O. 2004 c.3. This information will be used by Peel Public Health or an Ontario public health unit where your child attends school for the purposes of the administration and evaluation of the Vaccine Preventable Diseases Program. Any questions regarding this collection may be directed to the Medical Officer of Health, Peel Public Health, 7120 Hurontario Street, P.O. Box 667, RPO Streetsville, Mississauga, ON, L5M 2C2. 905-799-7700.