

Every student in Ontario must be immunized against the following infectious diseases in order to attend school. We strongly recommend that students update the following immunizations before arriving in Canada. **Students who do not meet these requirements must receive these immunizations in order to remain in school.** Parents must give their consent to Kingston Public Health to administer any missing immunizations, or provide a notarized exemption.

Ontario Routine Immunization Chart

Age	Diphtheria	Tetanus	Pertussis	Polio	Hib (Hemophilus Influenzae type b)	Pneu-C-13 (Pneumococcal Conjugate)	Rotavirus	Measles	Mumps	Rubella	Varicella	Men-C-C (Meningococcal Conjugate C)	Hepatitis B	Men-C-ACYW-135 (Meningococcal Conjugate ACYW-135)	HPV (Human Papillomavirus)	Influenza	Pneu-P-23 (Pneumococcal Polysaccharide)
2 months	◆	◆	◆	◆	◆	◆	◆										
4 months	◆	◆	◆	◆	◆	◆	◆										
6 months	◆	◆	◆	◆	◆												
12 months						◆		◆	◆	◆		◆					
15 months											◆						
18 months	◆	◆	◆	◆	◆												
4 to 6 years	◆	◆	◆	◆				◆	◆	◆	◆						
12 years (Gr. 7)													◆	◆	◆		
13 years (Gr. 8 girls)															★		
14 to 16 years	◆	◆	◆														
Every 10 years	◆	◆	☆														
Every year (optional)																◆	
65 years																	◆

☆ Tdap – One time in adulthood instead of Td. ★ HPV – Grade 8 females 2016/17 only

The Limestone DSB works with Kingston FL&A Public Health to ensure that our students are fully vaccinated. If a student needs a vaccine, we can provide that for them here in Kingston once they arrive.

Immunization Information Line

613-549-1232 or 1-800-267-7875

Online Immunization Reporting System

www.kflaph.ca/ImmunizationReporting



All students must provide a valid immunization record, which will be kept on file at the Kingston Public Health unit. Failure to provide a record of personal immunizations will result in the student being suspended from school, as per Ontario's Immunization of School Pupils Act.

Please complete the table, below, and include an electronic copy of the student's official immunization record when submitting this application package to Limestone District School Board.

Family Name	Given Name(s)
Date of Birth (yyyy/mm/dd)	Gender

	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
Tetanus						
Diphtheria						
Pertussis						
Polio IPV OPV						
Measles						
Mumps						
Rubella						
Meningococcal ACYW-135			Vaccine brand name:			
Meningococcal-C			Vaccine brand name:			

Students who have not been immunized according to the timelines above may, depending on their age, require a different number of vaccine doses for certain diseases. Personal health information is collected on this form pursuant to Section 11 of the Immunization of School Pupils Act, R.S.O. 1990, c I.1.