

Childhood Vaccines Given by Physicians

- 1. Fax completed form to the Immunization Team at 613-549-0985.
- 2. This data is used to update the Ministry’s immunization database. This will help reduce the number of letters sent to parents from our office asking for immunization updates and consequently the total number of calls and visits your office receives.

Facility information

Office name: _____

Telephone number: _____

Date: _____

Child’s name	Male	Female	Date of birth	Ontario health card number	Vaccine(s) given	Lot #	Date given	Child’s doctor’s name