



Immunization Record Request for International Students studying at the District School Board of Niagara

Student Last Name _____ Student First Name _____ Date of Birth (yyyy/mm/dd) _____

Gender Male ___ Female ___ School Placement (if known) _____

All students in Ontario must provide proof of immunization against the designated diseases listed in the chart below in order to attend school. Immunization serves to protect the child. It is the parents' responsibility to supply an updated immunization record for their child.

Provide a record in one of the following formats:

1. Submit the original or a photocopy of the original immunization record at the DSBN Welcome Centre prior to being admitted to school. If the original record is not in English, ALSO have the parent complete and submit the translated-to-English Cover Sheet found on the school board's website: dsbn.org/international > Forms; OR
2. Have the original immunization record translated to English and submit a notarized copy of the translated-to-English version.

Important: The following chart lists the required immunizations for international students attending the DSBN. The immunization record submitted must clearly show the names of the vaccines and the dates the doses were administered.

Indicate when each dose was given	Dose #1 yyyy/mm/dd	Dose #2 yyyy/mm/dd	Dose #3 yyyy/mm/dd	Dose #4 yyyy/mm/dd	Dose #5 yyyy/mm/dd	Dose #6 yyyy/mm/dd
Pertussis (whooping cough)						
Varicella (chickenpox)						
Meningococcal						
Tetanus						
Diphtheria						
Polio						
Mumps						
Measles						
Rubella						

Doctor's Name: _____

Doctor's Address: _____

Clinic Name if Applicable: _____

Doctor's Signature or Stamp _____ Date (yyyy/mm/dd): _____