

Upper Canada District School Board International Education Program c/o Upper Canada Leger Centre for Education & Training 225 Central Avenue West, Brockville, Ontario K6V 5X1 Tel: 613-342-0371



Proof Of Immunization

| Name: | Gender: | Birthday: |
|-------|---------|-----------|
| | | |

| Vaccine | | Date (Each Dose Was Given) | | | | | |
|---------------|-----------------|----------------------------|-----------------|-----------------|-----------------|--|--|
| | 1 st | 2 nd | 3 rd | 4 th | 5 th | | |
| BCG | | | | | | | |
| Poliomyelitis | | | | | | | |
| DPT | | | | | | | |
| Measles | | | | | | | |
| MMR | | | | | | | |
| Hepatitis B | | | | | | | |
| Hib | | | | | | | |
| Influenza | | | | | | | |
| Pneumococcal | | | | | | | |
| Varicella | | | | | | | |
| Japanese B | | | | | | | |
| Encephalitis | | | | | | | |
| Meningococcal | | | | | | | |
| Hepatitis A | | | | | | | |
| Other | | | | | | | |
| (Name: | | | | | | | |
|) | | | | | | | |
| Other | | | | | | | |
| (Name: | | | | | | | |
|) | | | | | | | |
| Other | | | | | | | |
| (Name: | | | | | | | |
|) | | | | | | | |