

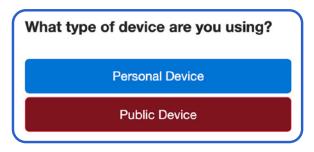
1. Go to toronto.ca/StudentVaccines and click on the Report or Access Vaccination Records

Parents/guardians can submit and/or access their child's vaccination information to Toronto Public Health.	Report or Access Vaccination Records <sup>©</sup>	)	
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2. Click on the 'Get Started!' button.

Immunizations Keep Ontarians Healthy!	
COVID-19 Vaccine	
ō	
Get Started!	
View or Submit Immunizations	

3. Select what type of device you are using.



4. Read Acceptable Use Policy and select either 'I Accept' or 'I Do Not Accept'. If you do not accept, please call 416-338-7600, and 'select option 2 for immunization' for further assistance.

Acceptable Use Policy					
TERMS OF USE AGREEMENT					
GENERAL	GENERAL				
The City of Toronto, Public Health Division ("City") maintains information col of Toronto Health Unit. ICON is a web-based service provided by the Ontari electronically submit and retrieve certain immunization information.	· · · · · · · · · · · · · · · · · · ·				
I Accept	I Do Not Accept				

5. Verify patient by entering your child's Ontario health card number (OHCN) and other details (including name and date of birth) OR your child's Ontario Immunization ID (OIID) number. Once you have entered the information, select "Verify ID" or "Verify Patient." If you got a letter from Toronto Public Health (TPH), the OIID number is a 10-digit number that can be found on the upper right-hand corner. If you don't have an OIID number, call 416-338-7600 'select option 2 for immunization.

Verify with Ontario Health Car	Health Car	d Number		Verify Patient with Immunization ID
	Ver	sion ode		Ontario Immunization ID
	Vi	ew Example	OR	
Stock Control Number (SCN)				Learn more about the Ontario Immunization ID and where it can be found.
This 9 digit alpha-numeric code can be found on the back of your Health Card. View Example.				Learn more about the Ontario Immunization ID and where can be found.
This Health Card N	lumber belongs to	:		Verify ID
Ме		A Dependant		Return to top of page
Patient First Name	3			
Patient Last Name				
Sex				
Male	Female	Other		
Date of Birth (YYY	Y-MM-DD)			
<b>m</b>				

- 6. To view vaccinations,
  - Select who the vaccination record belongs to:
    - **Dependent** = you are the parent of a child/student less than 15 years of age
    - Me = you are a student 16 years of age or older
  - Enter PIN and select 'Verify Patient'. If you forgot your PIN, click 'Forgot PIN'.
- Note: If you enter too many incorrect PINs, you may be locked out of ICON. Please call 416-338-7600 for further assistance.

This Ontario Immunization ID belongs to:	
Ме	A Dependant
Forgot PIN	

7. Once you are in the child/student record, you will see a list of vaccinations needed. For example:

8. Click on **'Submit Immunizations'** to start to enter the missing vaccinations.

Missing inform	ation from the record above?	rom the record above?	
Submit Immunizations			

- 9. Select **'Yes'** if you received a letter from TPH, and **'No'** if you did not.
- 10. Select **'Yes'** if ALL immunizations you are entering were received in Ontario. Select **'No'** if one or more vaccines were received outside of Ontario, or select **'Unsure'** if you do not know.

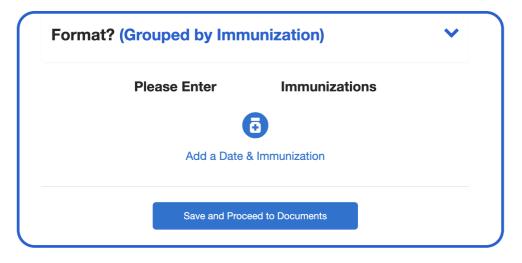
mmu	nizations
	you received a letter from Toronto Public ^
۲	Yes
0	No
Were	ALL the immunizations that you are entering $~$
	ed in Ontario?
	ed in Ontario? Yes

- 11. Enter format you are going to enter the vaccinations into ICON (by date or by vaccination/ brand name)
- 12. Choose the format of the immunization you are entering: Grouped by Date/Yellow Card OR Grouped by Immunization Record.

<ul> <li>Grouped by</li> </ul>	Date / Yellow Card
2012-03-26	
DTaP-IPV-Hib	
Pneu-C	
Rota-5	
Grouped by	Immunization
DTaP-IPV-H	lib
2012-03-26	
2012-05-21	
2012-07-17	

The steps that follow will be similar no matter what option you choose.

13. Click on **'Add a Date & Immunization'**. A popup will appear on your screen where you can enter the immunization information.



 Enter the date that the vaccination was given. Once you enter the date, enter the 'Immunization/ Brand Name'. Once you see the name in the drop down, click on it.

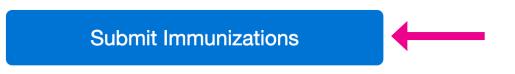
Enter a date and the immunization	' received on that date.
Date (YYYY-MM-DD)	2 Months
	ō DTaP-IPV-Hib
ter a date and the immunization	received on that date.
Date (YYYY-MM-DD)	14-16 Years
<u>2008-09-24</u>	ā Tdap
$\bigcirc$ Date is estimated	Tetanus, Diphtheria, Pertussis
mmunization / Brand Name	24-26 Years
tetanus, dip	<b>ō Tdap</b> Tetanus, Diphtheria, Pertussis
Agents (Immunizations)	en
DTaP-IPV-Hib ★ Common Diphtheria, Tetanus, Pertussis, Polio, Hib	35 Years+
Td <b>★ Common</b>	ā Td Diphtheria, Tetanus
Tetanus, Diphtheria Tdap ★ Common	

The Ontario Publicly Funded Immunization Schedule starts at two months old. Refer to the side panel of the screen, your yellow card or the chart provided as you enter the dates and brand name of immunization.

- 15. Confirm patient information.
- 16. Enter all data fields in 'Submitter's information' screen. Click 'Save and Proceed to Review.'

Please enter any missing information below. Plea reviewed by your local public health unit.	ase note that changes will not appear until	
Phone		
This will be used to contact you if there are any questions about your submission.		
Ontario Health Card Number (optional)		
-		
email confirmation Email (optional)		
We can send you an email confirmation Email (optional) Confirm Email (optional)		
email confirmation Email (optional)		

17. Review and make sure all information is correct. Click **'Submit Immunizations!** You will receive a tracking number for your reference.



	Name	
Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae type b	DTaP-IPV-Hib	Pediacel or Pentacel or Infanrix-IPV/Hib
Pneumococcal Conjugate 13	Pneu-C-13	Prevnar 13
Pneumococcal Conjugate 15	Pneu-C-15	Vaxneuvance
Rotavirus	Rot-1	Rotarix
	Rot-5	RotaTeq
	Rota	N/A
Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae type b	DTaP-IPV-Hib	Pediacel or Pentacel or Infanrix-IPV/Hib
Pneumococcal Conjugate 13	Pneu-C-13	Prevnar 13
Pneumococcal Conjugate 15	Pneu-C-15	Vaxneuvance
Rotavirus	Rot-1	Rotarix
	Rot-5	RotaTeq
	Rota	N/A
Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae type b	DTaP-IPV-Hib	Pediacel or Pentacel or Infanrix-IPV/Hib
Pneumococcal Conjugate 13	Pneu-C-13	Prevnar 13
Pneumococcal Conjugate 15	Pneu-C-15	Vaxneuvance
Meningococcal Conjugate	Men-C-C	Menjugate or NeisVac-C
Measles, Mumps, Rubella	MMR	Priorix or MMR II
Varicella	Var	Varivax III or Varilrix
Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae type b	DTaP-IPV-Hib	Pediacel or Pentacel or INFANRIX
Measles, Mumps, Rubella, Varicella	MMRV	Proquad or Priorix-Tetra
Tetanus, Diphtheria, Pertussis, Polio	Tdap-IPV	Adacel-Polio; Boostrix-Polio
	Haemophilus influenzae type b Pneumococcal Conjugate 13 Pneumococcal Conjugate 15 Rotavirus Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae type b Pneumococcal Conjugate 13 Pneumococcal Conjugate 15 Rotavirus Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae type b Pneumococcal Conjugate 13 Pneumococcal Conjugate 15 Meningococcal Conjugate 1 Varicella Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae type b Measles, Mumps, Rubella, Varicella	Haemophilus influenzae type bPneumococcal Conjugate 13Pneu-C-13Pneumococcal Conjugate 15Pneu-C-15RotavirusRot-1Rot-5RotaDiphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae type bDTaP-IPV-HibPneumococcal Conjugate 13Pneu-C-13Pneumococcal Conjugate 15Pneu-C-15RotavirusRot-1RotavirusRot-1Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae type bDTaP-IPV-HibPneumococcal Conjugate 15Pneu-C-15RotaDiphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae type bDTaP-IPV-HibPneumococcal Conjugate 13Pneu-C-13Pneumococcal Conjugate 15Pneu-C-15Meningococcal Conjugate 15Pneu-C-15Meningococcal ConjugateMMRVaricellaVarDiphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae type bDTaP-IPV-HibMeasles, Mumps, Rubella, VaricellaMMRMeasles, Mumps, Rubella, VaricellaMMRV

Grade 7 Note: Meningococcal vaccine is mandatory for school attendance.	Hepatitis B Meningococcal Conjugate ACYW-135	HB Men-C-ACYW	Recombivax HB; Engerix- B; Twinrix (HAHB) or Prehevbrio Menactra or Nimenerix or MenQuadfi or
			Menveo
	Human Papillomavirus	HPV-9	Gardasil 9
14-16 years	Tetanus, diphtheria, pertussis	Tdap	Adacel; Boostrix