

ICON网页指南：

如何将疫苗接种记录输入 ICON

1. 前往toronto.ca/StudentVaccines并点击**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

2. 点击**"Get Started!"**按钮。

Immunizations Keep Ontarians Healthy!

COVID-19 Vaccine



Get Started!

View or Submit Immunizations

3. 选择您正在使用的设备类型。

What type of device are you using?

Personal Device

Public Device

4. 阅读可接受使用政策并选择**"I Accept"**或者**"I Do Not Accept"**。如果您不接受，请拨打416-338-7600，并选择选项 2 免疫接种以获得进一步的帮助。

Acceptable Use Policy

TERMS OF USE AGREEMENT

GENERAL

The City of Toronto, Public Health Division ("City") maintains information collected via the Immunization Connect Ontario ("ICON") website for the City of Toronto Health Unit. ICON is a web-based service provided by the Ontario Ministry of Health and Long-Term Care to enable the public to electronically submit and retrieve certain immunization information.

I Accept **I Do Not Accept**

5. 要验证患者身份，请输入您孩子的安大略省健康卡号(OHCN)和其他详细信息（包括姓名和出生日期）或您孩子的安大略省免疫接种 ID (OIID) 号码。输入信息后，选择**"Verify ID"**或者**"Verify Patient"**如果您收到了多伦多公共卫生局(TPH)的信件，OIID 号码是右上角的一个 10 位数字。如果您没有 OIID 号码，请致电416-338-7600 选择选项 2 免疫接种。

Verify with Health Card Number

Ontario Health Card Number

Version Code

[View Example](#)

Stock Control Number (SCN)

This 9 digit alpha-numeric code can be found on the back of your Health Card. [View Example](#).

This Health Card Number belongs to:

Me

A Dependant

Patient First Name

Patient Last Name

Sex

Male

Female

Other

Date of Birth (YYYY-MM-DD)

OR

Verify Patient with Immunization ID

Ontario Immunization ID

[Learn more](#) about the Ontario Immunization ID and where it can be found.

[Learn more](#) about the Ontario Immunization ID and where it can be found.

Verify ID

[Return to top of page](#)

6. 要查看疫苗接种情况，

- 选择疫苗接种记录的所有者：
 - Dependent** = 您是15岁以下儿童/学生的家长
 - Me** = 您是16岁或以上的学生
- 输入 PIN 码并选择**"Verify Patient"**。如果您忘记了PIN码，请点击**"Forgot PIN"**。

请注意： 如果您输入过多次错误的PIN码，您可能会被锁定在ICON之外。请致电416-338-7600 以获得进一步的帮助。

Verify PIN to View Immunizations

Ontario Immunization ID

This Ontario Immunization ID belongs to:

Me

A Dependant

PIN

[Forgot PIN](#)

Verify Patient

7. 进入儿童/学生记录部分后，您将可以查看所需疫苗接种的清单。例如：

- 百日咳
- 白喉
- 破伤风

8. 点击“**Submit Immunizations**”开始输入缺失的疫苗接种剂次。

Missing information from the record above?

Submit Immunizations

9. 如果您收到了TPH的来信，请选择“**Yes**”，没收到请选“**No**”。

10. 如果您输入的所有免疫记录均在安大略省接种，请选择“**Yes**”。如果在安大略省以外的地方接种了一种或多种疫苗，请选择“**No**”。如果您不清楚，请选“**Unsure**”。

Immunizations

Have you received a letter from Toronto Public Health asking for updated immunization information? ^

- ☒ Yes
☐ No

Were ALL the immunizations that you are entering received in Ontario? ^

- ☐ Yes
☐ No
☐ Unsure

11. 输入您要在ICON输入的疫苗接种信息格式（按日期或疫苗/品牌名称）

12. 选择您要输入的免疫接种格式：按日期/黄卡分组或按免疫记录分组。

What format is the immunization record you are entering? ^

☐ Grouped by Date / Yellow Card

2012-03-26

DTaP-IPV-Hib
Pneu-C
Rota-5

☐ Grouped by Immunization

DTaP-IPV-Hib

2012-03-26
2012-05-21
2012-07-17

Save and Proceed to Documents

无论您选择哪种选项，接下来的步骤都类似。

13. 点击“Add a Date & Immunization”。屏幕上会出现一个弹出窗口，您可以在其中输入免疫信息。

Format? (Grouped by Immunization)

Please Enter Immunizations

Add a Date & Immunization

Save and Proceed to Documents

14. 输入接种疫苗的日期。输入日期后，输入“Immunization/Brand Name”。在下拉菜单中看到名称后，请单击选择。

Enter a date and the immunization received on that date.

Date (YYYY-MM-DD)

2 Months

DTaP-IPV-Hib

Enter a date and the immunization received on that date.

Date (YYYY-MM-DD)

2008-09-24

☐ Date is estimated

Immunization / Brand Name

tetanus, dip

Agents (Immunizations)

DTaP-IPV-Hib ★ Common
Diphtheria, Tetanus, Pertussis, Polio, Hib

Td ★ Common
Tetanus, Diphtheria

Tdap ★ Common
Tetanus, Diphtheria, Pertussis

14-16 Years

Tdap
Tetanus, Diphtheria, Pertussis

24-26 Years

Tdap
Tetanus, Diphtheria, Pertussis

35 Years+

Td
Diphtheria, Tetanus

安大略省公共资助的免疫接种计划从孩子两个月大开始进行。输入免疫日期和品牌名称时，请参考屏幕侧面板、黄卡或提供的图表。

15. 确认患者信息。
16. 在提交者信息屏幕中输入所有数据字段。点击“**Save and Proceed to Review**”。

Additional Information

Please enter any missing information below. Please note that changes will not appear until reviewed by your local public health unit.

Phone

This will be used to contact you if there are any questions about your submission.

Ontario Health Card Number (optional)

We can send you an email confirmation

Email (optional)

Confirm Email (optional)

We will email you a confirmation when your submission has been processed. We will not share this email address with anyone else.

[Back to Documents](#)[Save and Proceed to Review](#)

17. 审核并确保所有信息正确无误。点击“**Submit Immunizations**”。您将收到一个跟踪号码以供您参考。

[Submit Immunizations](#)

Age at Vaccination	Vaccines	Vaccine/Brand Name	Product Name
2 months	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
4 months	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
6 months	Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae type b	DTaP-IPV-Hib	Pediacel or Pentacel or Infanrix-IPV/Hib
12 months	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
15 months	Varicella	Var	Varivax III or Varilrix
18 months	Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae type b	DTaP-IPV-Hib	Pediacel or Pentacel or INFANRIX
4-6 years	Measles, Mumps, Rubella, Varicella	MMRV	Proquad or Priorix-Tetra
	Tetanus, Diphtheria, Pertussis, Polio	Tdap-IPV	Adacel-Polio; Boostrix-Polio

Table for How to enter vaccinations into ICON

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