Ontario

Ministry of Health

and Long-Term Care

Notice of Transfer from a School

Immunization of School Pupils Act

To the Medical Officer of Health of

(Public Health Unit)

Notice is hereby given that the following pupils have transferred from

School Name

School Address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code
	ON	

Name of Pupil

Last Name	First Name	Middle Initial

Gender	Date of Birth (yyyy/mm/dd)	Grade
◯Male ◯Female		

Transferring to

School Name

School Board	Date of Transfer (yyyy/mm/dd)

Operator of School

Signature	Date (yyyy/mm/dd)

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