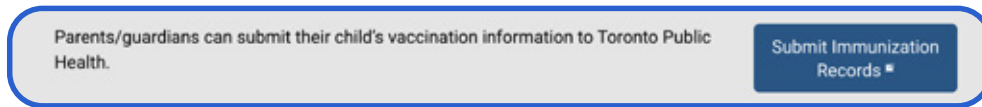# ICON webpage guide:
How to enter vaccination records into ICON

1. Go to **toronto.ca/StudentVaccines** and click on the **'Submit Immunization Records'** button.
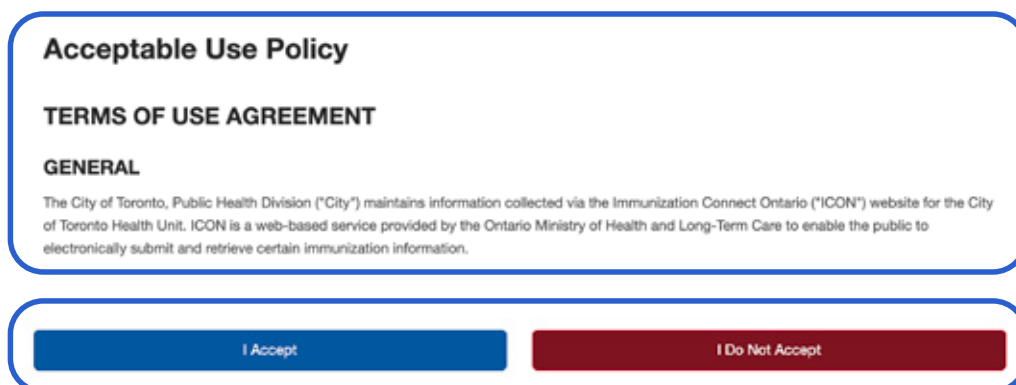
> Parents/guardians can submit their child's vaccination information to Toronto Public Health.
>
> Submit Immunization Records ▪

2. Click on the **'Get Started!'** button.

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

3. Select what type of device you are using.

> **What type of device are you using?**
>
> Personal Device
>
> Public Device

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**
>
> 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. 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 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. 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.

Verify PIN to View Immunizations

Ontario Immunization ID

[   ]

This Ontario Immunization ID belongs to: ←

| Me | A Dependant |

PIN ←

[   ]

Forgot PIN

[Verify Patient] ←

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

- **Pertussis**
- **Diptheria**
- **Tetanus**

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

Missing information from 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.

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. 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.

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

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.

Format? (Grouped by Immunization) ⌄

Please Enter   **Immunizations**

Add a Date & Immunization

Save and Proceed to Documents

14. 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

ᓂ DTaP-IPV-Hib

Enter a date and the immunization   **received on that date.**

Date (YYYY-MM-DD)

2008-09-24

14-16 Years

Date is estimated

ᓂ Tdap
Tetanus, Diphtheria, Pertussis

Immunization / Brand Name

24-26 Years

tetanus, dip

ᓂ Tdap
Tetanus, Diphtheria, Pertussis

then

Agents (Immunizations)

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

35 Years+

Td ⭐ Common
Tetanus, Diphtheria

ᓂ Td
Diphtheria, Tetanus

Tdap ⭐ Common
Tetanus, Diphtheria, Pertussis

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.'**

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

Age at Vaccination	Vaccines	Vaccine/Brand Name	Product Name
2 months	Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae type b	DTaP-IPV-Hib	Pediacel; INFANRIX
	Pneumococcal Conjugate 13	Pneu-C-13	Prevnar 13
	Rotavirus	Rot-1	Rotarix or RotaTeq
4 months	Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae type b	DTaP-IPV-Hib	Pediacel or INFANRIX
	Pneumococcal Conjugate 13	Pneu-C-13	Prevnar 13
	Rotavirus	Rot-1	Rotarix or RotaTeq
6 months	Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae type b	DTaP-IPV-Hib	Pediacel or INFANRIX
12 months	Pneumococcal Conjugate 13	Pneu-C-13	Prevnar 13
	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 INFANRIX
4-6 years	Measles, Mumps, Rubella, Varicella	MMRV	Proquad or Priorix-Tetra
	Tetanus, Diphtheria, Pertussis, Polio	Tdap-IPV	Adacel-Polio or Boostrix-Polio
Grade 7 Note: Meningococcal vaccine is mandatory for school attendance.	Hepatitis B	HB	Recombivax HB or Engerix- B or- 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	Adace or Boostrix