



# Vaccine Exemption Form

## Instructions:

1. Please fill in your child's demographic information in **SECTION A**.
2. Please **check off** the disease(s) for which your child will be exempted in **SECTION B**.
3. **Return the completed Vaccine Exemption Form** with the completed *Statement of Conscious or Religious Belief Affidavit* to the Porcupine Health Unit.

SECTION A	
Child's Last Name:	Child's First Name:
Child's Date of Birth:	Sex: Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Home Address	Town:
Postal Code:	Home Telephone #
Name of Family Physician:	Name of School:
SECTION B	
<input type="checkbox"/> Diphtheria and Tetanus <input type="checkbox"/> Poliomyelitis <input type="checkbox"/> Measles, Mumps and Rubella	
SECTION C	
Form completed by:	Relationship to child (i.e: parent, legal guardian, etc)
Date form completed:	Signature:

Personal health information on this form is collected by the Porcupine Health Unit for the Vaccine Preventable Disease Program. For information about the way we protect the confidentiality of personal health information, call us or visit Porcupine Health Unit's Privacy Statement at [www.porcupinehu.on.ca](http://www.porcupinehu.on.ca).

FOR NURSES USE ONLY	
Form received by:	Date form received:
Date information sent to IRIS clerk:	Date information entered on IRIS:



Ontario

Ministry of Health  
and Long-Term Care

Form 2

**Statement of Conscience or Religious Belief  
Affidavit**

Immunization of School Pupils Act, 1990

I, \_\_\_\_\_, parent of the following named pupil:

Pupil's name (Last name) \_\_\_\_\_ (First name) \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth : (year) \_\_\_\_\_ (month) \_\_\_\_\_ (day) \_\_\_\_\_

School \_\_\_\_\_ (Class or Grade) \_\_\_\_\_

**make oath or solemnly affirm and say as follows:**

The requirements of the *Immunization of School Pupils Act, 1990*, conflict with my sincerely held convictions based on my religion or conscience.

I understand that section 12 of the Act provides that the Medical Officer of Health may order that the above named pupil be excluded from school if there is an outbreak or immediate risk of an outbreak of a designated disease in the school at which the pupil attends where the following have not been received:—

1. A statement of immunization or other satisfactory evidence of immunization.
2. A statement of medical exemption stating that immunization is unnecessary because of evidence of immunity.

**Sworn or Solemnly Affirmed before me**

\_\_\_\_\_ at the \_\_\_\_\_ of  
(city, town, municipality)

\_\_\_\_\_, in the **Province of**

**Ontario**, this \_\_\_\_\_ day of

\_\_\_\_\_, **20** \_\_\_\_\_

\_\_\_\_\_  
**A Commissioner, etc.**

} \_\_\_\_\_  
**Signature of Parent**